

The CHANGES Programme:

Quarterly Report: July - September 2001

The CHANGES
PROGRAMME

Basic Education and Policy Support (BEPS) Activity

CREATIVE ASSOCIATES INTERNATIONAL²

In collaboration with

CARE, THE GEORGE WASHINGTON UNIVERSITY, AND GROUNDWORK



United States Agency for International Development
Contract No. HNE-I-00-00-00038-00

The CHANGES Programme

**Communities Supporting Health,
HIV/AIDS, Nutrition, Gender,
and Equity Education in Schools**

**Quarterly Report
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Submitted by:
CREATIVE ASSOCIATES INTERNATIONAL, INC.

Under:
Basic Education and Policy Support Activity

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(Communities Supporting Health, HIV/AIDS, Nutrition, Gender, and
Equity Education in Schools)

I. INTRODUCTION

The contract between USAID/Zambia (United States Agency for International Development) and Creative Associates International, Inc. (CAII) to implement the CHANGES programme was officially signed on 1 April 2001. Funded for an initial period of three years, the CHANGES programme provides technical assistance to Zambia's Ministry of Education under the auspices of the Basic Education Sub-Sector Investment Programme (BESSIP). The overall aim of the CHANGES programme is to improve basic education in Zambia through the provision of technical support to three of BESSIP's nine components: Equity and Gender, HIV/AIDS, and School Health and Nutrition (SHN).

At the same time, the CHANGES programme aims to support USAID's Strategic Objective #2: *Improved quality of basic education for more school-aged children* through addressing two Intermediate Results: *Improved quality of learning environment in targeted areas* (IR 2.1) and *Improved delivery of school-based health and nutrition interventions to support pupil learning* (IR 2.2). Cutting across these Intermediate Results are strategies to mitigate the negative effects of HIV/AIDS on the quality, access, and sustainability of good basic education and, as such, HIV/AIDS is a cross-cutting theme of the CHANGES programme as well. Another cross-cutting dimension or strategy of the CHANGES programme is a sub-grant mechanism, implemented in collaboration with CARE USA, that aims to provide modest grants and seed money for projects and initiatives proposed by schools, PTAs, community groups, and local organizations in the areas of school health and nutrition, the promotion of basic education for girls and other vulnerable children, and the mitigation of the impact of HIV/AIDS on Zambian communities and its school system.

II. OBJECTIVES/STRATEGY

During the initial three-year period, the CHANGES programme will be operational in Southern and Eastern Provinces, with its headquarters in Lusaka. In Southern Province (hereafter, SP) the focus of the CHANGES programme is the Community Sensitization and Mobilization Campaign (CSMC). Initiatives in this component include the use of popular theatre to facilitate community participation to surface issues related to increasing girls' and other vulnerable children's attendance and retention in primary school; the development and implementation of district- and community-level action plans to address issues raised through popular theatre and participatory action research; the training of provincial and district government officials in community participation methodologies related to gender equity; and training teachers to integrate life skills throughout the curriculum.

Simultaneously, in Eastern Province (hereafter, EP) the central thrust is on school health and nutrition (SHN) interventions, including conducting baseline biomedical, anthropometric, and cognitive surveys; providing micronutrients and deworming pills to primary students,

administered by teachers; training teachers in school health, nutrition, and life skills; sensitizing and mobilizing communities through popular theatre, district field teams, and public gatherings; and strengthening linkages between health centers and schools.

Although the CSMC and SHN components are being initially piloted in SP and EP respectively, it is anticipated that, over time, considerable cross-fertilization between the inputs being made in each province will take place. Further, inasmuch as addressing HIV/AIDS and providing small grants cut across the two major component areas described previously, inputs in these two areas will be made in both SP and EP.

The major tasks to be completed in the CSMC (IR 2.1) and SHN (IR 2.2) components during the initial three-year programme period are the following:

Community Sensitization and Mobilization Campaign (IR 2.1: Improved quality of learning environment in targeted areas)

- Sensitize, motivate, and mobilize parents, local leaders, teachers, pupils, and PTAs from five school catchment areas in each of nine districts in Southern Province (total: 45) to increase girls' and other vulnerable children's enrolment and retention in primary school and to halt the proliferation of HIV/AIDS.
- Strengthen the capacity of district-level officials from the Ministries of Education (MOE), Health (MOH), and Community Development and Social Services (MCDSS) to work cooperatively and collaboratively, and to facilitate a successful mobilization campaign.
- More specifically, the preceding two tasks have the following scope:
 - At least nine of the eleven districts in Southern Province will be actively involved in the CSMC.
 - Forty-five schools (five per district) and approximately 270 villages will be involved in action research and verification activities.
 - Approximately 90 district officials (ten per district) from the MOE, MOH, and MCDSS will be trained in community participation methodologies and mobilization strategies in order to effectively take on the role of Field Worker in their districts.
 - One hundred and eighty community leaders and those active in development in their communities will be trained as "Community Animators" to lead the CSMC work in their communities.
 - Approximately 90 district-level plans of action will be developed as a framework for community sensitization and mobilization.
 - Community-level plans of action will be developed and implemented in the 45 school catchment areas in the initial nine districts in Southern Province.
 - Action plans that address HIV/AIDS will be developed and implemented in those same 45 primary school catchment areas.
 - A variety of activities that support the above initiatives will be designed and put in place.

School Health and Nutrition (IR 2.2: Improved delivery of school-based health and nutrition interventions to support pupil learning)

- Provide an overview of current SHN and community-based activities in Eastern Province.
- Develop strategic alliances at the provincial- and district-levels among MOE, MOH, and MCDSS, and assist in developing the capacities of the alliance partners.
- Train teacher trainers and community development trainers in SHN and establish a system within the BESSIP framework to train teachers and community workers as the programme expands.
- Train district- and community-level field workers and teachers in pilot areas.
- Develop information, education, and communication (IEC) materials to promote good health, nutrition, and hygiene, especially for school-age children, their families, and their communities.
- Establish and implement protocols for anthropometrics and other pupil health and nutrition status monitoring procedures in schools.
- Develop a School Health Card that tracks health and nutrition-related issues as well as the learning of pupils as they progress through school.
- Develop and implement a Cognitive Assessment Instrument.
- Implement pilot testing of the SHN program, including provision of micronutrients and deworming medicine, monitoring pupil health status, community sensitization, training health workers and teachers, and strengthening health and life skills education in schools.
- Develop a SHN program information system to monitor progress and impact at all levels.
- Establish a drug distribution and storage system.
- Mobilize communities to support SHN activities.
- Develop and implement a plan with the MOE to mitigate the effects of HIV/AIDS on basic education, integrated within and/or complementing the SHN programme activities, including the development and implementation of action plans that address HIV/AIDS in 80 primary school catchment areas.

III. PROGRESS/ACHIEVEMENTS DURING THE QUARTER

In this section, the progress and achievements attained during the July-September 2001 quarter will be highlighted for both of the major component areas of the CHANGES programme and their corresponding Intermediate Results (IRs)—CSMC and SHN—as well as for the two cross-cutting components: HIV/AIDS, and the Small Grants Mechanism.

A. Community Sensitization and Mobilization Campaign (IR 2.1: Improved quality of learning environment in targeted areas)

1. Planning for Implementation in SP

During 5-6 July, the SP Coordinator organized and facilitated a two-day planning workshop with several key counterparts in the provincial MOE, including the Provincial Education Officer, the Planning Officer, the Accountant, a member of the Personnel Office, and the Programme for the Advancement of Girls' Education (PAGE) Officer. During this workshop, all activities in the CSMC component for the remainder of 2001 were planned and budgeted in collaborative fashion and the input and support of provincial counterparts was requested. The plan and accompanying budget that resulted from this process were then forwarded to MOE headquarters in Lusaka for

review and approval by the BESSIP Gender and Equity Focal Point Persons, Mrs. Esther Sinkala and Mrs. Matilda Mwamba. This process helped ensure that the CHANGES programme in SP was well understood and supported by key government counterparts.

2. Introduction to the Permanent Secretary (PS) of Southern Province

In order to situate the CHANGES programme firmly in the provincial MOE, the SP Coordinator, accompanied by Ms. Isabel Nanja (PAGE Coordinator in SP), met with the provincial PS and introduced the CHANGES programme to him. He took a keen interest and asked some insightful questions concerning the strategy to be employed to sensitize and mobilize communities to enhance girls' and other vulnerable children's education and to come to grips with the issue of HIV/AIDS. The PS expressed his gratitude to USAID for bringing the CHANGES programme to SP and assured the SP Coordinator of his support in implementing the programme.

3. Revision of CSMC Strategy and Targets for CHANGES Inception Report

Within three months of arriving in Zambia, the CHANGES team was required to write and submit an Inception Report to USAID. The purpose of this report was to review the strategy and targets (deliverables) for the programme as outlined in the original Statement of Work, and to propose adjustments and modifications based upon what was learned during the initial three months of work. Dr. Kim Bolyard, AAAS Fellow based at USAID Washington, came to Livingstone for five days in mid-July in part to assist the SP Coordinator with this task. Accompanied by the provincial MOE Planning Officer, the SP Coordinator and Dr. Bolyard traveled to two districts (Kazungula and Kalomo) to determine the average size of and distances between school catchment areas, to interact with communities about girls' education and the work of CHANGES, and to observe the general condition of schools in those areas.

Based upon these encounters, it was determined that it is more likely that 270 villages, not 360, will be involved in the CSMC during the first three years because the average catchment area is comprised of six rather than eight villages. Further, the number of Field Workers to be drawn from district-level MOE, MOH, and MCDSS ranks will be reduced from 270 to 90, mainly because of the small number of officials available; the shortfall of 180 will be made up with community leaders and individuals who are active in the communities, who will be trained as Community Animators. Also, it was decided that the original strategy of employing formal popular theatre troupes to sensitize and mobilize communities will be de-emphasized in favor of training and deploying pairs (or groups of three) Field Researchers in each school catchment area to conduct research and verification. Moreover, the drama performed at the end of the research and verification process will draw more heavily upon community members as actors than would have been the case in the approach described in the CHANGES CSMC plan.

4. Groundwork for Entry Into the First Group of Districts

During July, the SP Coordinator traveled with key provincial MOE counterparts to each of the first three districts in which the CSMC will be implemented: Kazungula, Kalomo, and Choma. The purpose of these visits was to meet with district-level leaders to introduce the CHANGES programme in general and the CSMC component in particular, and to request the leaders' support. During these visits, the CHANGES team also worked with the district-level leaders to

identify five schools and catchment areas in each district based upon mutually agreed upon criteria. This process represented the formal entry of the CHANGES programme into the three districts, and the same process will be pursued in other districts as the programme moves forward.

5. Identification and Recruitment of 16 Field Researchers

An important element of the CSMC strategy is the use of Field Researchers to conduct research and verification activities in the five school catchment areas in selected districts of SP. In essence, the Field Researchers will be the vanguard of the community sensitization and mobilization process—that is, the teams that make initial entry into school catchment areas, live with the people, discuss issues with them, and help them to raise issues pertaining to the education of girls and vulnerable children as well as HIV/AIDS. Sixteen young people, most of whom have been working as counselors and field workers for other development organizations, were identified through an informal networking process in Livingstone, and were then interviewed and hired.

6. Design and Delivery of Field Researcher Training

During early August, the SP Coordinator spent considerable time planning and developing a training course for the 16 Field Researchers. The training course included sessions on:

- The Goals of the CHANGES Programme and the CSMC Component in Particular,
- Who is a Good Researcher?,
- The Use of Theatre for Development,
- Tools of Research (Ethnography, Participant Observation, Survey, Sampling and Analysis),
- Ethics of Research, Challenges and Opportunities in Community Development Work,
- Developing Field Protocols,
- Code Creation/Story Improvisation, and
- Field Work in Mukuni Village.

The training course, conducted during 28 August - 4 September at the Tunya Lodge in Livingstone, was opened by Deputy Provincial Education Officer, Mr. Mwemba, and co-facilitated by the SP Coordinator and Professor Mtonga Mapopa of the University of Zambia (UNZA). Some sessions were managed by guest presenters and facilitators, including Mr. Shandele, Inspector of Languages (MOE), Ms. Muniyati, Inspector of Home Economics (MOE), Ms. Mary Kantemba, Senior Programme Advisor, Save the Children/Norway, Mr. Cruseha Muleya and Ms. Joy Kaluwe of MCDSS Livingstone, Ms. Matilda Mwamba of the MOE Lusaka, and the Senior Technical Advisor of the CHANGES programme. Near the end of the course, two days of fieldwork were conducted in Mukuni village, near Livingstone, at which time protocols were field-tested and the participants applied what they had learned during the training sessions. The combination of participatory training sessions and applied fieldwork proved effective in preparing the Field Researchers for their work in local communities.

7. Development and Pilot Test of Survey Instruments for Use in Village Schools

Following the training, the Field Researchers developed the survey instruments they will use at the school-level in the catchment areas in which they work. These tools—primarily

questionnaires—are designed to obtain information regarding enrolment and retention rates of girls and orphans, age at time of enrolment, teacher-pupil ratios, the integration of HIV/AIDS education into the school curriculum, and the roles PTAs play in the life of schools and how their work is perceived by villagers. The survey instruments were then pilot tested in three schools in the Livingstone area (Damwa Basic School, Mujala Basic School, and Zambezi Basic School) and revised as appropriate.

8. Procurement for Mobilizing Field Researchers

Because the Field Researchers will be spending considerable time living in rural communities, often under difficult circumstances, it was decided they need to be provided with essential equipment and gear. To this end, procurement was conducted to outfit each Field Researcher with the following items: sleeping bag, kerosene lantern, torch (flashlight), bucket, metal cup and plate, and research materials such as notebooks and pens.

9. Pre-Planning for 2002 BESSIP/CHANGES Annual Work Plan Development

Due to the inability to secure hotel rooms in Lusaka because of the OAU Summit, the two-day planning workshop, scheduled to be held in the CHANGES office during 12-13 July, was cancelled. A major aim of that workshop—which was to be attended by MOE counterparts from EP, SP, and Lusaka and the CHANGES technical assistance team—was to begin planning the 2002 annual work plan in an integrated and collaborative manner so that all activities in the CHANGES plan would be reflected in the BESSIP 2002 work plan when that plan was developed later in the year. It was felt that, without such integration, it would be difficult to generate a sense of mutual investment and accountability on the part of CHANGES staff and their MOE counterparts at both the national and provincial levels.

Rescheduling such a relatively large gathering of people proved impossible and, as a result, the SP Coordinator held her own pre-planning meetings with BESSIP counterparts from the Equity and Gender and HIV/AIDS focal points during 10-12 September in Lusaka. These meetings and planning sessions proved helpful in forging the integration desired and in laying the necessary groundwork for formally participating in the MOE's "Workshop on Preparation of the BESSIP 2002 Annual Work Plan" during 17-21 September.

10. 2002 BESSIP/CHANGES Annual Work Plan Development

The SP Coordinator participated in the 17-21 September workshop (above) to prepare the 2002 BESSIP annual work plan. BESSIP Equity and Gender and HIV/AIDS focal point persons worked closely with the SP Coordinator to ensure that all activities in the CHANGES work plan for 2002 are integrated with the BESSIP work plan. The fact that this has taken place will hopefully mean that implementation of the CSMC component of the CHANGES programme will proceed more smoothly than has been the case so far in 2001 because in the current year the two work plans are not integrated. A draft work plan for CHANGES for 2002 has therefore been developed and will undergo adjustment and refinement in the weeks ahead; the final version of the plan will be included in the next CHANGES Quarterly Report.

B. School Health and Nutrition (IR 2.2: Improved delivery of school-based health and nutrition interventions to support pupil learning)

1. Recruitment and Training of Ten Researchers and Field Testing of the Cognitive Assessment Instrument (CAI)

At the MOE's request, two consultants from Successful Intelligence (SI) came to Zambia—Dr. Elena Grigorenko for approximately one week and Ms. Jonna Kwiatowski for four weeks—to recruit and train researchers to conduct a field test of the draft CAI and to oversee that field test. The validation work was assisted by the MOE SHN team (Mrs. Catherine Phiri and Mrs. Marriane Tembo), Ms. Paula Kapungulya, a local consultant from UNZA hired by SI, Mr. Joe Kanyika of the Zambian Examination Council, and Mr. Samuel Kasankha, a translator.

The team of ten researchers was comprised of UNZA students who were trained during 7-11 July in the various components of the test instrument, including manipulation of pattern blocks, origami (Japanese paper folding), dot-to-dot exercises, shading, and maze puzzles. Practical application in administering the activities was conducted at Jacaranda Basic School in Lusaka while the field test took place in Chongwe District near Lusaka City over a period of two weeks.

The field test was conducted during 12-20 July. One hundred and five children in grades 3-7 in Chongwe Basic School were tested and 130 children were tested in Nyangwena Basic School. Tests conducted in other schools included Chinyunyu (140), Katoba (100), and Chalimbana (50). Additionally, a retest of 73 students was conducted at Katoba. Altogether, 525 students were tested as part of the validation process. The data derived from the validation study are presently being analyzed by SI. *For more information on the SI validation work completed during this reporting period, see SI's "Field Report (6/31-7/29, 2001)" in Appendix A.*

2. Training of Trainers (TOT) Workshop in Health Services Delivery Through Schools

The first major training activity of the SHN component, a TOT course in the delivery of health services through schools, took place during 13-17 August in Chipata at the Provincial Resource Centre. The 31 participants included provincial, district, and zonal in-service training providers, representatives from the DHMT-Chipata (District Health Management Team), MCDSS, Chipata Teacher Training College, provincial and district resource center directors, and provincial and district SHN focal point persons. The workshop was facilitated by Mrs. Catherine Phiri (SHN Component Manager, MOE Lusaka), Dr. Richard Suswillo (PCD—Partnership for Child Development), Dr. Lesley Drake (PCD), and Ms. Emeila Allan (PCD, Ghana). Mrs. Mirriam Libingi, Administrative Assistant in the CHANGES office in Lusaka, provided administrative and logistical support.

The workshop, which was opened by the PEO (Provincial Education Officer), aimed to provide theoretical and practical training on topics such as SHN in general, the CHANGES programme, the Ghanaian experience in SHN, disease and deficiencies and the drugs needed to deal with them, use of a health questionnaire designed to obtain information on bilharzias (worm infestation), use of the height pole to calculate treatment dosages, use of dipsticks to test urine samples, information on proper drug usage and possible side effects, and data recording.

The participants engaged in practical work at the nearby Umodzi Basic School where they worked in groups to gain experience in all of the tasks they will train teachers to carry out: use of the questionnaire, urine testing, use of the height pole, and administration of deworming drugs. Ten pupils, each in Grades 1-7, were selected for the fieldwork and those found to be positive for bilharzia (worm infestation) were treated with Praziquantel. In addition, all pupils in the sample were treated with Albendazole, a broad spectrum deworming drug that will be used in the SHN programme. Extra drugs (both Praziquantel and Albendazole) were given to the headmistress with instructions for treating pupils.

A major activity of the workshop, conducted after the fieldwork, was the development of district action plans for the roll out training of teachers during October. Participants met in groups according to their district (Chama, Chadiza, or Chipata) to develop a training plan that included complete budgets. The plans were then presented and discussed in plenary sessions, and were used, not only by the participants in their planning, but also by Lusaka-based SHN and CHANGES personnel for planning the training workshops for teachers.

The workshop was very successful and many participants expressed satisfaction with the information they received and the skills they developed; further, they expressed confidence in their ability to conduct similar training courses for teachers at the district and zonal levels during October. *Further details of the TOT course are contained in PCD's Consultants' Report in Appendix B.*

3. Strengthening Collaborative Linkages

One of the elements of the district plans that were developed in the TOT course—and which is an important dimension of a successful overall SHN programme—is establishing partnerships with key Ministries, NGOs, and other organizations. The forming of such partnerships helps prevent duplication of activities, enables the sharing of lessons learned, and promotes an atmosphere of cooperation. As such, the first of what will be regular stakeholder meetings took place in Chadiza on 22 August, shortly after the TOT course. The EP Coordinator traveled to Chadiza with Mr. C.T. Mbewa, HIV/AIDS Focal Point Person in EP, for the meeting, which was held in the District Resource Centre. The 16 participants in the meeting included representatives from the D-WASHE (District Water, Sanitation, and Health Education) committee, MCDSS, DHMT, Plan International, district in-service providers, Lutheran World Federation, and the Catholic Church. During the meeting, the EP Coordinator and Mr. Mbewa outlined the SHN component of the CHANGES programme including planned activities, the baseline survey, the role of various Ministries, and the need for involvement of NGOs and other organizations.

One of the purposes of the meeting was to select a representative from the DHMT to serve as a team member during the baseline survey in October/November and as a liaison person for SHN activities. The participants in the meeting also formed a District SHN Implementation Team comprised of 16 members (a broad based group including NGOs, Ministries, and departments including D-WASHE). They also selected a Steering Committee of six members. Terms of Reference were written during the first meeting of the Steering Committee on 27 August.

4. Promotion of Stakeholder Involvement

In early September, the EP Coordinator accompanied Mrs. Chirwa (SHN Focal Point Person in EP) on visits to a number of NGOs and organizations based in Chipata to discuss the CHANGES programme and to explore potential synergies. The organizations visited included Society for Family Health (SFH), Zambia Integrated Health Programme (ZIHP), Africare, Lutheran World Federation, Adventist Relief Agency (ADRA), YWCA, MCDSS, World Vision, and D-WASHE. Many of these organizations are engaged in activities directly related to SHN, including the development of school infrastructure, water and sanitation, peer education on HIV/AIDS, training of teachers in HIV/AIDS counseling, provision of Vitamin A and deworming pills, and support of school health services through health centers. Because of the obvious similarities between the work of those organizations and that of CHANGES, the EP Coordinator and his government counterparts will liaise with the organizations on a regular basis.

A follow-up meeting with largely the same group was held on 12 September at the Chipata Provincial Resource Centre to review Chipata District activities in SHN, to examine the roles of each participating group, and to form a District SHN Implementing Committee. The committee was formed and includes representatives from the MOE, MOH, MCDSS, and D-WASHE.

5. Popular Theatre and Community Sensitization

During the first week of August, the EP Coordinator, assisted by Ms. Tara Shariff (Creative Associates International, Inc., Washington, DC), Mrs. Chirwa (SHN Focal Point Person in EP), and Mr. Mbewa (HIV/AIDS Focal Point Person in EP), interviewed five potential theatre groups to work in the targeted school catchment areas in EP. The EP Coordinator had met several of these groups in June and July and had developed a briefing sheet on possible scenarios that could be used as the basis for drama scripts on SHN issues. Three of the groups had prepared a script and were ready to present a trial performance for CHANGES and the MOE. The sketches were presented at various locations including markets and nearby villages. Mrs. Chirwa and Mr. Mbewa reviewed the performances and wrote comments, which they then discussed with the troupes. Three of the performances were well done and appeared to be entertaining and informative for the audiences. The troupes were adept at incorporating SHN issues related to drug administration by teachers, the importance of pupils eating well, and water and sanitation into their performances.

Three theatre troupes were selected and the EP Coordinator developed a Scope of Work that formed the basis for contracting the services of those troupes. Contracts were drawn up based on 12 weeks of work for each of the troupes who will cover a total of 40 schools (20 intervention and 20 control) by 7 November. The EP Coordinator held a five-hour training/orientation session for the three groups during which they discussed technical matters including the drugs to be administered by teachers, why the drugs will be administered, and the rationale for SHN data collection and recording. Each group was also given a packet of background reading materials on SHN and technical issues related to iron supplementation, Vitamin A, deworming drugs, and water/sanitation.

The *modus operandi* of the drama troupes' work is that one week is spent interviewing community members including opinion leaders, CHWs (Community Health Workers), ADC (Area Development Committee) members, teachers, conducting focus group meetings, observing

village life, and recording the information in log books. At the end of the week, two drama performances are conducted that incorporate information collected in the school catchment area during the week. The groups are also charged with informing teachers of the baseline survey to be implemented in late October and November. By the end of August, 12 school catchment areas had been covered and at the end of September an additional 11 catchment areas had been covered by the theatre troupes (total: 23). Many local stakeholders have expressed their satisfaction with the theatre work, and the information the drama groups have collected should be very useful for feeding into community action plans. Further, the Joseph Moyo Memorial Theatre Group has recorded one of their performances, which has been broadcast several times on Radio Maria. The response to the broadcasts has been positive and a number of inquiries about school health have been made as a result.

When the initial group of pilot schools in Chipata District have participated in the theatre for development process, all three theatre groups will meet to share experiences and to collectively problem solve with a view to refining the process. Professor Mapopa Mtonga of UNZA, a well-known and respected expert in Theatre for Development, will be invited to participate in that meeting.

6. Public Sensitization Meetings in Chadiza District Schools

In early September, the Chadiza SHN Steering Committee submitted a proposal to carry out a sensitization programme through holding public meetings in 10 schools. CHANGES funded the series of meetings that were conducted during 13-27 September by representatives of the MOE, MOH, and MCDSS. The agenda for the public meetings included discussion of SHN issues in general, orientation to the CHANGES programme, information on the up-coming baseline survey, and school/community collaboration.

7. Orientation of CARE International Field Sub-Grant Officer

Mr. Julius Kampamba, CARE International's newly recruited staff member who will oversee the small grants programme in EP, arrived in Chipata on 3 September. The EP Coordinator promptly introduced him to all key staff in the provincial and district government offices. They also visited the DHMT office, World Vision, Society for Family Health, MCDSS, and Africare offices to introduce Mr. Kampamba and to explain the role of the small grants mechanism in the overall CHANGES programme. The EP Coordinator and Mr. Kampamba also attended a follow-up meeting of the Chadiza District SHN Steering Committee, held on 10 September, to discuss issues related to donor partnerships and small grants programmes. Additionally, they attended a meeting called by the administrator/district council of Chadiza that was also attended by Plan International, the Rural Water Supply Project, and the US Peace Corps. Participants were asked to write an overview of their project in terms of its objectives, geographical focus, targets, time frame, budget, areas of intervention, and phase-out plan. In addition to providing the opportunity to introduce Mr. Kampamba, the meeting further strengthened collaborative linkages and overall coordination between projects in Chadiza District.

8. Planning for the Training of Teachers and MOE, MOH, and MCDSS Officials in the Delivery of SHN Interventions

Having completed the TOT course in school delivery of SHN interventions as described previously, much time and attention were devoted to planning the training of teachers and provincial and district government officials in the same information and skills as were covered in the TOT. Several meetings were held between CHANGES personnel, the MOE, and a representative of UNZA to ensure that the six three-day training workshops that are planned to be delivered during the first two weeks of October in Chama, Chadiza, and Chipata Districts for a total of 207 participants (114 teachers and 93 MOE, MOH, and MCDSS officials), will go smoothly. At the time of writing, participants have been notified of the workshops, venues have been secured, stationery and materials have been procured, the height poles have been made, and a cost-sharing agreement for the workshops has been reached between BESSIP/SHN and CHANGES whereby BESSIP will cover all costs related to lodging and allowances while CHANGES will cover all other costs, including stationery, venue fees, teas, and transportation reimbursements. The first in these series of workshops in preparation for conducting the baseline survey will start on 1 October.

9. Planning for Training in the Administration of the CAI

Although it was initially agreed to combine the training in SHN (see above) and the training in the administration of the CAI into the same one-week workshop, it was later decided that three days was insufficient time to adequately train people to administer the CAI. Moreover, in the interest of maintaining consistency in the administration of the CAI, it was decided that, instead of using the 114 teachers (above) to administer the test, a much smaller group of 10 people (primarily District In-service Providers) will be trained to administer the CAI. Consequently, planning has been underway to deliver a one-week training course for these 10 people during 15-19 October. Stationery and other supplies for the workshop have been procured and most of the planning has been completed, including a cost-sharing arrangement between SI and CHANGES to fund the workshop.

During August-September, Ms. Paula Kapungulya, SI's consultant from UNZA, completed the Teacher's Manual for administering the CAI, which will be the main material resource utilized in the training in October.

10. Planning for the October/November Baseline Survey

Considerable time and effort were expended this quarter planning for the baseline survey to be conducted in the three target districts of EP during 25 October – 18 November. Considering the number of players involved—zonal, district, provincial, and national MOE and MOH personnel, PCD, SI, UNZA, and CHANGES—this has been no small undertaking. Nevertheless, planning is ongoing to ensure that the baseline survey—a cornerstone of the overall SHN programme—will proceed as smoothly as possible.

The EP Coordinator requested Mr. Phiri (Inspector of Schools, Chipata District) to assist with the logistical planning for the baseline survey in Chama, Chadiza, and Chipata Districts as he is very familiar with all the schools in the districts and visited them with the EP Coordinator and Mrs.

Catherine Phiri (MOE/Lusaka) in October 2000. He will complete a logistical plan for the survey teams to use as they move from school to school.

11. Procurement of Drugs

Although there have been some delays in the process of procuring drugs for the SHN interventions in EP, developments late in the reporting period have been promising. Mr. Nakamura of Japan International Cooperation Agency (JICA) informed the CHANGES Senior Technical Advisor in mid-September that the \$100,000 earmarked for purchasing the drugs was in the Ministry of Finance and that steps had been taken to shift the funds to the MOE. Mr. Nakamura suggested that this process should be completed by the end of September, at which time the procurement process can proceed. Mrs. Phiri, SHN Component Manager, and the CHANGES's Senior Technical Advisor have been working with the Procurement Unit in the MOE to expedite the purchasing of the drugs. It is anticipated that it will take approximately six weeks for the drugs to arrive in Zambia after they are ordered. The timing of this will be close, but it is anticipated that the drugs will be in-hand by late November to early December when they are needed after the baseline survey is concluded.

12. Information, Education, and Communication (IEC) Campaign

Although an agreement had been reached some time ago between the MOE, Glaxo Smith Kline (then Smith Kline Beecham), and the World Bank to hire an IEC consultant, the implementation of that agreement has been delayed due to the reorganization of Smith Kline Beecham. In order to move on the IEC front in the face of that delay, in August Mrs. Catherine Phiri (SHN/MOE), the EP Coordinator, and the Senior Technical Advisor of CHANGES met with Mr. Gershom Musonda, the previously identified IEC consultant, to discuss ways in which he might move the IEC work forward on a short-term, interim basis until the long-term contractual matter is resolved. Mr. Musonda agreed to do this and subsequently developed a draft six-month Strategic Media Advocacy Plan for IEC that includes the use of several types of media to disseminate SHN messages, starting in EP, and expanding to include all provinces of Zambia. The draft plan will be revised to encompass two years when Mr. Musonda's two-year contract with Glaxo Smith Kline is finalized. *See Appendix C for the draft six-month Strategic Media Advocacy Plan.*

Since then, considerable work has been completed by the IEC consultant on developing a school health and nutrition magazine, a monthly publication, which is the first activity in the strategic plan. With cooperation from BESSIP/SHN and CHANGES staff, photographs from fieldwork in EP have been obtained and prepared for publication and some texts have been drafted and edited based on extant documents and interviews with Mrs. Phiri, the EP Coordinator, and the Senior Technical Advisor. Entitled *SHN News Magazine*, the publication will be registered with the National Archives of Zambia as a monthly publication of the MOE. The e-mail address for the magazine is bessipnews@hotmail.com and the magazine will use P.O.Box 50093, Lusaka of the MOE as a mailing address. The IEC Consultant will be the Editor of the magazine supported by Mrs. Phiri and Mrs. Tembo of MOE/SHN; the Senior Technical Advisor was asked to serve as Editorial Advisor. The first edition of the magazine is expected to come out on 20 October and will be a special Independence issue with an emphasis on children's liberties and rights.

Additionally, the IEC consultant commenced work on radio and television programmes that complement the magazine. The media selected for this purpose are ZNBC and other channels that can reach rural areas. The formats for radio and television programmes have been prepared, and the consultant awaits the go-ahead from the MOE (pending budget approval) to proceed with programme development.

Coinciding with the progress outlined above, Mr. Mike Murray of Glaxo Smith Kline informed the MOE and CHANGES that his side had worked through its reorganization issues and were prepared to offer Mr. Musonda a two-year contract. At the time of writing, a contract and budget for Mr. Musonda is being drafted (including the cost of a computer work station) and should be finalized in early October.

13. Pre-Planning for 2002 BESSIP/CHANGES Annual Work Plan Development

As noted in the previous section on the CSMC, due to unexpected circumstances, the two-day planning workshop, scheduled to be held in the CHANGES office during 12-13 July, was cancelled. A major aim of that workshop was to begin planning the 2002 annual work plan with MOE colleagues in an integrated and collaborative manner so that all activities in the CHANGES plan would be reflected in the BESSIP 2002 work plan when the latter was developed in late September.

Unfortunately, it was impossible to reschedule the workshop and, as a result, the EP Coordinator, accompanied by Mr. Mbewa (HIV/AIDS Focal Point Person in EP) held their own pre-planning meetings with BESSIP counterparts from the SHN and HIV/AIDS focal points during 27-28 August in Lusaka. These meetings and planning sessions proved helpful in forging the integration desired and in laying the necessary groundwork for formally participating in the MOE's "Workshop on Preparation of the BESSIP 2002 Annual Work Plan" during 17-21 September.

Issues discussed during these meetings included the planned EP HIV/AIDS activities vis-à-vis MOE/Lusaka plans and CHANGES's support for these activities. Mr. Mbewa used the opportunity to flesh out his work plan for 2002 and to incorporate ideas from the HIV/AIDS Focal Point Persons in Lusaka and CHANGES personnel during the meetings.

14. 2002 BESSIP/CHANGES Annual Work Plan Development

The EP Coordinator participated in the above-mentioned 17-21 September BESSIP workshop to prepare the 2002 BESSIP annual work plan. BESSIP SHN and HIV/AIDS focal point persons collaborated closely with the EP Coordinator to ensure that all activities in the CHANGES work plan for 2002 were integrated with the BESSIP work plan. A draft work plan for the SHN component of CHANGES for 2002 has therefore been completed and will undergo adjustment and refinement in the weeks ahead. The final version of the plan will be included in the next Quarterly Report.

C. HIV/AIDS (Cross-cutting Component)

Because the HIV/AIDS component cuts across the CSMC and SHN components, much of what was reported in those sections relates also to HIV/AIDS and, therefore, will not be repeated here. However, several accomplishments during the quarter related specifically to HIV/AIDS:

1. Participation in Workshop on Voluntary Counseling and Testing (VCT)

During 30 July-2 August, the SP Coordinator, invited by the Livingstone DHMT, attended a workshop on HIV/AIDS organized by the International AIDS Alliance, UK. Most of the participants in the workshop were members of local NGOs working in the area of VCT. The workshop concentrated on the strengths and weaknesses of the VCT approach and how it can be effectively pursued in rural communities. Attending the workshop provided the SP Coordinator the opportunity to meet representatives of NGOs working in the area of HIV/AIDS, to learn about their work, and to explore potential avenues for collaboration and programmatic integration.

2. Planning for Life Skills/HIV/AIDS Training

Planning for the Life Skills/HIV/AIDS training (referred to as “Module 2” in PCD’s contract), scheduled to be delivered in EP for teachers of pilot schools during late 2001, was delayed this quarter because of uncertainty over the direction the BESSIP/SHN component wished to take on life skills training. In early September the SHN Focal Point decided to work with UNICEF on a life skills training course with a focus on water and sanitation, and a TOT course was conducted in Lusaka for approximately 30 trainers from EP, SP, and Luapula Province. Now that this anchor has been put down, the task will be to design a life skills course focusing on HIV/AIDS that complements the water and sanitation course without duplicating what was done in that course. This planning will be conducted during the next quarter and the life skills/HIV/AIDS course that emerges from that planning will be delivered in the form of a TOT course in either late 2001 or early 2002.

3. Meeting of the HIV/AIDS Sub-Committee

On 24 September, the CHANGES Senior Technical Advisor attended a meeting of the HIV/AIDS Sub-Committee. Representatives from the MOE, UNICEF, and USAID also attended. The purpose of the meeting was to review and discuss two brief proposals put forward by USAID, one to conduct a policy audit of the MOE and the other to assess the impact HIV/AIDS is having on the education sector in Zambia. The two initiatives, of course, are organically related. In principle, everyone present agreed about the value of conducting the studies though, in the end, it was concluded that there might not be sufficient data in hand to conduct the impact assessment, while the policy audit should proceed. The Senior Technical Advisor offered assistance from CHANGES, primarily in terms of logistics and the provision of office space and other support functions for the consultants who will carry out the policy audit.

4. Participation in HIV/AIDS Planning Meeting at Livingstone Teacher Training College (TTC)

At the end of September, a seven member delegation from Norway appeared in Livingstone on a fact-finding visit, accompanied by Mrs. Barbara Chilangwa, Deputy Permanent Secretary, MOE.

The SP Coordinator was asked to join the delegation in a meeting at Livingstone TTC to meet with teachers to discuss strategies for combating HIV/AIDS through formal education. In addition to strengthening linkages with the education establishment in SP, the meeting also provided the SP Coordinator with the opportunity to introduce the CHANGES programme and the methodology that is being developed in the CSMC to address the issues of girls' education and HIV/AIDS. After meeting with the CSMC Field Researchers, Mrs. Chilangwa conveyed to the SP Coordinator the positive impression she received of the work the CHANGES programme is undertaking in SP.

5. Pre-Planning and Planning for 2002 BESSIP/CHANGES Annual Work Plan

The pre-planning and planning for 2002, previously described under the CSMC and SHN component sections of the present report, also encompassed HIV/AIDS as a cross-cutting input. The CHANGES technical assistance team met with their MOE colleagues to plan HIV/AIDS activities for 2002, and those activities were integrated into the HIV/AIDS component of the BESSIP 2002 Annual Work Plan during the 17-21 September BESSIP planning workshop.

D. Small Grants Mechanism (Cross-cutting Component)

The provision of small grants to schools, PTAs, communities, and local organizations will take some time to become operational because it must be preceded by the community sensitization and mobilization process in both EP and SP. However, considerable groundwork was laid during the present quarter and progress was made towards starting the provision of small grants:

1. Recruitment of Sub-Grant Officers

During July, CARE International, CHANGES's sub-contractor for implementing the small grants component, advertised two positions for Field Sub-Grant Officers in a national newspaper. After short-listing and interviewing candidates, two experienced persons were hired for the positions: Mrs. Rose Chibbonta to work in SP and Mr. Julius Kampamba to work in EP.

2. Orientation of Field Sub-Grant Officers

The Field Sub-Grant Officers reported to work on 13 August and immediately undertook a two-week orientation in Lusaka and Kalomo District in SP. The orientation covered CARE-Zambia administrative and financial procedures and included exposure to other CARE-Zambia projects that are administering micro-finance projects and providing sub-grants: SEAD (Small Economic Activities Development), PACE (Partnerships for Capacity Building in Education), and SCOPE-OVC (Strengthening Community Partnerships for the Empowerment of Orphans and Vulnerable Children). During the orientation the two Field Sub-Grant Officers were given a number of documents and materials on sub-grant management.

3. Attachment of Field Sub-Grant Officers to Grant-Supported Community Projects

During the last week of August, the two Field Sub-Grant Officers were attached to the Kalomo SCOPE-OVC office. The purpose of this was to expose the staff to existing local community projects that are being supported with grants. As such, the two Field Officers interacted with personnel from Minyingwe women's clubs, the Kauwe community project, and the Muziya

CINDI (Children in Distress) sub-branch. During the attachment they also attended a community workshop on the management of sub-grants.

4. Establishment of Field Offices

On 3 September, the two Field Sub-Grant Officers reported to their respective stations in Livingstone and Chipata. They introduced themselves to their CHANGES counterparts as well as to key provincial MOE, MOH, and MCDSS personnel. The sub-grant officers will be accommodated in existing CARE offices due to limited space available in the two CHANGES provincial offices; these offices are CARE's LFSP (Livingstone Food Security Project) project office in Livingstone and the DOTS (Directly Observed Therapy Short course) office in Chipata. Procurement of office equipment, supplies, and a vehicle were also completed during this reporting period.

5. Establishment of Working Relationships With Other Stakeholders

During the present quarter, the Field Sub-Grant Officers invested considerable time establishing working relationships with provincial and district level MOE, MOH, and MCDSS counterparts and with schools and communities in the targeted areas. This was considered a very important process because the provision of sub-grants will be integrated with all the work the CHANGES teams are doing in communities in collaboration with government counterparts in the two provinces. At the time of writing, the two Field Sub-Grant Officers are working on sub-grant tools and manuals to prepare for the actual provision of sub-grants when sufficient groundwork has been laid in the targeted communities.

IV. PROGRAMME ADMINISTRATION

Although the first reporting period for the CHANGES programme (April-June 2001) was largely devoted to general set-up and overall establishment of personnel, management, and programme systems, some work of this nature carried over into the present quarter. Additionally, two developments regarding programme administration bore particularly well for the smooth running of the CHANGES programme—establishment of a Steering Committee and approval for the Senior Technical Advisor to join the BESSIP Management Implementation Team (MIT):

A. Further Establishment of Provincial Offices

During the present reporting period, both the EP and SP Coordinators, having established their offices in their respective provincial MOEs, opened local project bank accounts, rented post office boxes, applied for direct telephone line service, and applied for e-mail connections. In the case of the Livingstone office, the e-mail connection is presently operational, and the same should be true of the Chipata office by early October.

B. Staffing of the Lusaka Office

In the Lusaka office, two professional staff that had been interviewed and recruited in early June, started work on 1 July. Ms. Mirriam Libingi is the office's Administrative Assistant and Mr. Chansa Katongo is the Senior Finance Manager. They joined Mr. Ricky Syacumpi, Driver, and Ms. Justina Bwalya, Office Orderly, who started work in mid-June. The addition of these local

professional staff has considerably enhanced the capacity of the Lusaka office and has enabled the Senior Technical Advisor to establish a stronger presence at the MOE headquarters.

C. Request for Local Staff in Provincial Offices

Responding to a request from the CHANGES programme to restore the local professional and support positions in the two provincial offices that had been deleted from the original programme design and budget, USAID set in motion a contract modification process that will enable those positions to be filled. At the time of writing, approval of the contract modification is still pending and the EP and SP Coordinators await the go-ahead to hire much-needed local staff.

D. Submission of Programme Inception Report

As required by USAID, the CHANGES programme, in collaboration with MOE colleagues, wrote and submitted an Inception Report three months after the technical assistance team arrived in Zambia. (The team arrived on 1 May 2001 and the report was submitted on 1 August 2001.) The purpose of the report was to review the current status of activities, to reflect upon the indicative plan and deliverables (targets) of the programme as outlined in the programme's Statement of Work (SOW), and to propose changes in either based upon what was learned and observed during the first three months of programme implementation. This process was confounded by the absence of the EP Coordinator due to an unforeseen family tragedy, and the inability of the Senior Technical Advisor to confer in person with the SP Coordinator. Nevertheless, the task was completed and the Report outlined several proposals for modifying some strategies and approaches and for adjusting some numerical targets.

E. Establishment of a CHANGES Steering Committee

During a meeting attended by USAID, MOE, and CHANGES personnel on 12 September to review the first CHANGES Quarterly Report, the decision was taken to establish a Steering Committee for the programme. Comprised of approximately 10 people drawn from the MOE, USAID, CHANGES, and others as appropriate, the purpose of the Steering Committee, which will meet quarterly, will be three-fold: (1) to review progress, identify issues, and problem solve as necessary, (2) to do forward planning of the programme, and (3) to serve as USAID's external education team. It is anticipated that regular meetings of the Steering Committee will enhance communication between the three concerned parties who comprise the Committee and will help ensure smooth programme implementation.

F. CHANGES Representation on the BESSIP Management Implementation Team (MIT)

In mid-September the CHANGES Senior Technical Advisor approached Mrs. Barbara Chilangwa, MOE Deputy Permanent Secretary, and requested that he be permitted to join the MIT that meets bi-weekly to discuss MOE/BESSIP implementation issues. Mrs. Chilangwa agreed to the request, and it is anticipated that CHANGES's inclusion in the MIT will foster closer relationships between the MOE and the CHANGES programme and strengthen collaboration and integration.

V. CONSTRAINTS/LESSONS LEARNED

Considerable progress was attained during the present reporting period in the face of several constraints; these constraints (and lessons learned from dealing with them) are described briefly below:

- A major constraint in Chipata, where the EP Coordinator is based, is poor communications. Telephone lines to Lusaka are often disrupted for hours, if not days, and electrical power is erratic. When power is restored, it often results in surges that burn out video players, TVs, and sensitive electronic equipment like computers. FAX lines are also erratic, requiring many attempts and wasted time. As a result, most communications and interactions related to the SHN programme with international consultants and the MOE in Lusaka have been managed by the Senior Technical Advisor in Lusaka who at times lacks sufficient background information to effectively act on the EP Coordinator's behalf. It is anticipated that, when e-mail access is established in the EP Coordinator's office in October, this difficulty will be largely alleviated.
- Further with regard to the SHN component, difficulties in planning the myriad activities described in the SHN section of the present report have been compounded by the number of players involved, their geographical disbursement, and difficulties in communications. Beyond this, several late additions and changes were made in the design of the baseline survey and the training courses that precede it, which caused some frustration on the part of MOE counterparts who are sometimes less able to cope with changes in plans and numerical targets due to reporting requirements. A lesson learned from this is that it would have been desirable early on to have had some meetings to plan the baseline survey, attended by representatives of all major parties—MOE/SHN, MOH, CHANGES, PCD, SI, and UNZA. The inability to assemble these individuals in the same room at the same time has made overall planning considerably more difficult than it would be otherwise.
- While traveling to Mukini Village for fieldwork during the Field Researcher training, a road accident involving one of the CHANGES vehicles in SP caused injury to several Field Researchers and damage to the vehicle. While, fortunately, the personal injuries sustained were not too serious, taking the injured to the hospital and attending to their needs consumed a fair amount of the SP Coordinator's time. Additionally, the time required to repair the vehicle has caused inconvenience and delays in mobilizing programme personnel. The vehicle should be roadworthy again by mid-October.
- An ongoing difficulty encountered by CHANGES staff in the provinces as well as in Lusaka is that government counterparts are frequently out of office traveling or attending workshops, which makes timely planning and implementation of activities problematic. The fact that government counterparts are so stretched with non-CHANGES responsibilities underscores the importance of the CHANGES programme receiving approval as soon as possible from USAID to hire local contract staff for the two provincial offices.

- The CHANGES technical assistance team continues to explore possible avenues for meeting together on a regular basis—something that is generally prevented, first, by the significant distances that separate the three programme offices and, second, by the EP and SP Coordinator’s inability to leave their posts because there is nobody to carry on with the work in their absence (especially in the case of SP) when they are in Lusaka. The very productive time the technical assistance team had together during the week the team was all in Lusaka for BESSIP/CHANGES planning in September underscored the importance of resolving this dilemma. Bringing on board contract staff in the provincial offices will provide some flexibility in this regard. And, in the meantime, the Senior Technical Advisor will continue to make regular monthly trips to both EP and SP to meet with the Coordinators.

VI. ANTICIPATED ACTIVITIES (OCTOBER-DECEMBER 2001)

During the next reporting period, the following activities will be started, continued, or completed.

A. Community Sensitization and Mobilization Campaign and HIV/AIDS

- A three-day training in the practical application of PRA/PLA (Participatory Rural Appraisal/Participatory Learning and Action) will be delivered for the Field Researchers by the SP Coordinator to reinforce and strengthen the training conducted for the Field Researchers during the present reporting period.
- A one-day intensive First Aid training course will be conducted for the Field Researchers before they are deployed in the field. The course will focus on general health and sanitation issues as well as how to respond to medical emergencies should they arise while they are working in rural communities. The training workshop will be facilitated by an experienced nurse at the Red Cross in Livingstone.
- The research and verification process will be carried out and completed by the Field Researchers in the first pilot district, Kazungula. Teams of three researchers will complete the process in each of the five school catchment areas. As Kazungula is the first district in the pilot, the teams will try out various strategies of data collection and will refine the strategies before moving on to Kalomo and Choma Districts. The researchers will stay in local communities for a period of 10-12 days and their work will culminate in a theatre performance that directly involves community members.
- After completing the research and verification activities in Kazungula District, the Field Researchers will re-assemble in Livingstone for two days of reflection and consolidation. They will share their experiences and fine-tune the model of community sensitization and mobilization the CHANGES programme is developing and implementing in SP.
- In early November, a 5-day training in participatory methodologies, planning, sensitization, and mobilization will be conducted for approximately 10 district-level officials drawn from the local MOE, MOH, and MCDSS in Kazungula District. These participants will be the “Field Workers” in Kazungula District. The Field Researchers,

who will have completed the research and verification in the district, will play a key role in the training by feeding back information and findings from their field research to the Field Worker trainees. This information will be used as a case study that will help prepare the Field Workers to develop their action plans; in turn, they will help the five targeted school catchment areas to develop their community action plans. Because many of the prospective Field Workers already have some facility in PRA/PLA, the workshop will aim to strengthen existing skills rather than to impart new skills.

- In mid-November, a provincial- and district-level sensitization and information sharing meeting will be held. This will be the “provincial launch” that was not done during the early part of the current quarter due to the inability to enlist the support of the provincial MOE. Although the postponement of the original meeting was regrettable, there will be some advantages in holding the meeting after the CSMC is underway and concrete experience can be shared from the work accomplished in Kazungula District.
- The Field Workers in Kazungula District will begin implementing their action plans and will assist communities in developing their community action plans through a participatory learning and action process.
- The research and verification process (at the school-level) will be undertaken and completed in the next two districts, Kalomo and Choma.
- Twenty “Community Animators” from each of the initial three districts will be trained in a joint workshop. Community leaders and individuals who are active in development in communities—for example, members of Area Development Committees (ADCs)—will be the Community Animators. Their primary role will be to spearhead the development process in their communities, particularly the implementation of community action plans, including the small grants.

B. School Health and Nutrition and HIV/AIDS

- Collaboration and the strengthening of linkages with stakeholders will continue, as will the regular meetings of the SHN Steering Committees and District SHN Implementation Teams now established in the pilot districts.
- The popular theatre groups will continue their work in the remaining 17 (of 40) school catchment areas until 7 November when all 40 will have been covered.
- Material collected and produced by the research/theatre groups will be analyzed and documented.
- Lessons learned from the theatre groups’ work with communities in Chipata District will be reviewed, discussed, and documented. Professor Mapopa Mtonga of UNZA will be invited to participate in a one-day meeting to reflect on the work done by the theatre groups to date and to fine-tune the process for future work in other communities.

- Preparations for the baseline survey will be completed and the contract with TDRC (Tropical Disease Research Centre) to test blood samples in the survey will be finalized.
- One hundred and fourteen teachers from pilot schools and 93 provincial and district MOE, MOH, and MCDSS officials will be trained in October in SHN tasks (administering the health questionnaire, using the height pole, administering drugs, etc.) in preparation for the baseline survey.
- Ten District In-service Providers (DIPs) in EP will be trained for one week in how to administer the CAI during the baseline survey.
- The baseline survey will be completed during 25 October – 18 November. The survey teams will be comprised of personnel from TDRC, UNZA, NFNC (National Food and Nutrition Commission), provincial and district staff from MOE and MOH, and CHANGES.
- Analysis of survey data will be completed by the end of December 2001.
- HIV/AIDS and life skills training will be planned and delivered in conjunction with the plans developed by the EP HIV/AIDS Focal Person.
- The IEC consultant will continue to implement the Strategic Media Advocacy Plan that was developed in the current quarter. Specifically, the consultant will visit Chipata during early October to collect further data; edit the SHN magazine and radio and television programmes that have been started to date, and produce one issue of the magazine and 16 weekly radio programmes; and produce SHN school posters, brochures, and stickers.

C. Small Grants Mechanism

During the next reporting period, CARE's two Field Sub-Grant Officers will work closely with the EP and SP Coordinators and other stakeholders in laying the groundwork for providing small grants. The following are the anticipated activities:

- Development of the tools kits for small grant management will be completed. The tool kits/manuals will provide guidelines on the "who," "how," "where," and "what" of the small grants.
- District-level advisory steering committees will be established in each district on an incremental basis as the programme expands in EP and SP. These committees will advise the CHANGES programme on the types of communities, local NGOs, and other non-profit making organizations that should be assisted under the sub-grant component. Especially when it comes to the disbursement of grants, it will be important that decisions be made with input from these committees rather than solely by CARE/CHANGES alone.

- District and community action plans will be assessed as they are developed. As the community sensitization and mobilization process proceeds in EP and SP and district and community action plans are developed, the two Field Sub-Grant Officers will play a key role in assessing those plans and strategizing on the grant-making process. Communities will be trained in simple proposal writing so that applications for grants include similar types of information and follow a uniform format.
- Depending on communities' readiness to develop action plans and to propose small-scale projects and initiatives in their communities, several small grants may be awarded in pilot districts in EP and in Kazungula District in SP.

VI. SUMMARY AND CONCLUSIONS

The current quarter, which in fact was the first full quarter the CHANGES technical assistance team was in country, saw the focus of efforts shift from set-up and orientation activities to more substantive programmatic activities. Although the work in rural communities has just started, the **CSMC component** is now operational as the initial group of three districts has been selected, the five school catchment areas in each district have been identified, and 16 Field Researchers have been recruited and trained, and are ready to be deployed to start the research and verification process in Kazungula District. Because Kazungula District is the first district in which the CSMC model is being applied, it is anticipated that the model will be adjusted and fine-tuned when the Field Researchers complete their work in that district and re-assemble to share their experiences and what they learned before moving on to the next districts, Kalomo and Choma. This “emergent” quality of the CSMC, both in terms of process and product, is simultaneously one of its most salient features and greatest challenges.

The **SHN component** continues to move toward implementation of one of its most central activities—the baseline survey—that will be completed during the next reporting period. The biomedical and anthropometric instruments that will be used in the baseline survey (the health questionnaire and height pole) have been field-tested and validated; similarly the Cognitive Assessment Instrument that will be used to measure gains in cognitive capacity and ability that result from the medical interventions, was field-tested and validated during this reporting period. Next quarter, teachers and local government officials in EP will be trained to use the various instruments, and the baseline survey will be completed by late November. More broadly, considerable progress has been made in establishing collaborative linkages with relevant government departments as well as with other projects and programmes so that the CHANGES SHN component is now firmly and visibly situated in the SHN development context in EP. Finally, the process of community sensitization and mobilization through holding public meetings and through the use of popular theatre groups is underway. As the programme moves forward, it will be interesting to see what issues rise to the surface through these processes and what activities, small projects, and initiatives are proposed by local communities in their action plans to address challenges pertaining to school health and nutrition and HIV/AIDS.

Because **HIV/AIDS** is a cross-cutting dimension of the CHANGES programme rather than a component in its own right, programme staff will need to guard against the tendency to give it less attention than it deserves. This realization prompted an important change in nuance of the overall approach that will be adopted, as described in the Inception Report that was submitted to

USAID in August. On the one hand, the indicative plan for HIV/AIDS interventions, as described in the CHANGES Statement of Work, is decidedly “bottom-up” in approach; that is, HIV/AIDS initiatives will be based directly upon the issues, concerns, and challenges that are raised by local communities through the community sensitization and mobilization process in both provinces. Being need-based and demand-driven, no HIV/AIDS initiatives will be imposed from the outside. However, because the process that gives rise to community-identified initiatives is likely to be quite lengthy, and because communities may be reluctant to address the issue of HIV/AIDS frontally, the proposed revision in approach melds a more formal “top-down” approach to the “bottom-up” community-based approach. This means that CHANGES will collaborate with the MOE and MOH to design and implement training courses in HIV/AIDS awareness, mitigation, prevention, and peer counseling for teachers, head teachers, deputy head teachers, in-service providers, and health workers. The aim will be to help engender a broader awareness and understanding about HIV/AIDS so that, when communities do eventually propose, design, and implement strategies that address HIV/AIDS, their work will be done in an environment that enables and supports those initiatives. Specific activities along these lines were identified in planning meetings this quarter, and some of those activities are expected to be implemented next quarter (for example, the life skills/HIV/AIDS training), while others have been incorporated into the CHANGES and BESSIP Annual Work Plans for 2002 and will be implemented next year.

Significant progress was made during the present reporting period in making the **small grants mechanism** operational. As described above in the appropriate section under “Progress/Accomplishments,” CHANGES’s collaborating partner, CARE International, recruited, trained, and deployed two Field Sub-Grant Officers who are now based in Chipata and Livingstone and are working with the EP and SP Coordinators and government counterparts. Because the small grants component of the programme, like the HIV/AIDS component, is dependent upon the relatively lengthy community sensitization and mobilization process to define its contours, it is unlikely that many grants will be made during the next quarter. As suggested in the preceding section of this report, the Field Sub-Grant Officers will devote much time next quarter to finalizing the grant-making tools and to participating in the community sensitization and mobilization process to gain first-hand experience of that process and how it relates to the provision of small grants in communities. Having completed this preparatory work next quarter, the provision of small grants to local communities should begin in earnest in early 2002.

An important development during the present reporting period was progress made in hiring an **IEC consultant** and getting the IEC work underway. A Strategic Media Advocacy Plan has been developed and several specific media projects and initiatives utilizing a variety of media have been started. While the initial focus of the consultant’s work has been on SHN-related activities, it is expected that issues that are relevant to the CSMC in SP will be incorporated into the IEC campaign over time.

As anticipated, since the CHANGES’s **local professional and support staff** came on board at the Lusaka office, the Senior Technical Advisor has had considerably more time to focus on programmatic matters and to be more involved on a regular basis in work at the MOE headquarters. This has helped strengthen linkages and enhance collaboration between the MOE

and the CHANGES programme. At the same time, however, the EP and SP Coordinators continue to be hampered by the lack of their own contract staff, particularly in SP where the tasks are less defined and more community driven than in EP. Looking ahead, it is vitally important that CHANGES receive approval from USAID to hire local staff for the provincial offices because it is unrealistic to expect the Coordinators to function effectively without their own professional and support staff as the programme continues to take shape and to expand.

Finally, in what has been a productive quarter for the CHANGES programme, perhaps the most significant accomplishment was the **planning** that was done with MOE, MOH, and MCDSS colleagues for the remainder of 2001 and for 2002. Programme staff have felt in the early going that one of the main impediments to effective implementation has been the fact that, except for some activities in the SHN component, most activities in the CHANGES implementation plan for 2001 do not appear in the BESSIP annual work plan, which has caused some ambivalence and lack of focus. Although it required considerable time and effort on the part of both MOE and CHANGES personnel, planning together for 2002 as described in previous sections of this report, and ensuring that the BESSIP and CHANGES work plans for next year are fully integrated, was vital for the effective implementation of the CHANGES programme next year and beyond. Planning jointly in this manner enhanced the collaborative process and increased the level of mutual investment and accountability for ensuring the success of the programme.

* * *

Appendix A

Field Report (6/31-7/29 2001)
Successful Intelligence, LLC

This trip had a number of objectives:

- (1) To carry out the validation of the Z-CAI.
- (2) To offer a contract to Ms. Kapungulya as the manager of the efforts carried out in Zambia by the CHANGES Consultants—the Partnership for Child Development and Successful Intelligence.
- (3) To establish principles of collaboration with the UNZA School of Education.
- (4) To continue negotiating arrangements for the administration of the Grade 5 National Assessment with the Zambian Examination Council (represented by Joe Kanyika)
- (5) To continue working relationships with the Ministry of Education (represented by Ms. Barbara Chilangwa, Ms. Catherine Phiri, and Ms. Marion Tembo).

The visiting team of Successful Intelligence included Ms. Jonna Kwiatkowski and Dr. Elena Grigorenko.

(1)

The main objective of this trip was to conduct a validation study of the Zambia Cognitive Assessment Instrument (Z-CAI) developed by the Successful Intelligence team in collaboration with UNZA (represented by Ms. Paula Pule Kapungulya) and The Zambian Ministry of Education (represented by Ms. Catherine Phiri). The research plan included the validation of the Z-CAI against other cognitive instruments used in Zambia (e.g., the NEPSY) and elsewhere in Africa (see Appendix 1). The validation implied (1) work with a translator (Mr. Samuel Kasankha); (2) a recruitment of a team of UNZA students who administered the validation battery (Ian Millimo, Ngosa Musanda, Winston Chipanshya, Bestern Kaani, Grace N. Banda, David Wazani Banda, Ruth Moyo Nkonjera, and Golliath Chiziba); (3) a recruitment of a data-entry operator (Mr. Jonathan Chibaula); and (4) a recruitment of a local NEPSY expert (Mr. Kelly Mulenga). All recruitment efforts were carried out from the CHANGES office in Lusaka. The validation efforts were successful and resulted in collecting the data from 516 students from 5 schools in the Chongwe district. The detailed report of the daily activities on the validation project is shown in Appendix 2. A detailed description of the schools included in the validation project was compiled by Ms. Catherine Phiri and Ms. Marion Tembo, and is included in Appendix 3.

(2)

The negotiations were carried out between Ms. Kapungulya and Successful Intelligence. A contract was drafted and delivered to Dr. Lesley Drake of the Partnership for Child Development for final modifications and delivery to Ms. Kapungulya. The agreed upon amount of money is \$1,000 per month to be deposited from the Successful Intelligence and/or Partnership accounts to Ms. Kapungulya's account. Ms. Kapungulya has been paid for the months of June and July. The payment day is the last day of every month.

(3)

A number of meetings were carried out between the Successful Intelligence team and the UNZA representative (Mr. Joseph Phiri, Ms. Sophie Kasonde Ng'andu, and Ms. Kapungulya). The agreements were that the CHANGES is allowed to post job offerings and hire among university students—the work with the CHANGES offers unique experiences and qualifications.

(4)

A meeting was carried out between Joe Kanyika (Zambian Examination Council), Ms. Catherine Phiri, and Ms. Marion Tembo (Zambian Ministry of Education), and the Successful Intelligence team. A plan was developed establishing which steps should be undertaken to receive support from the Zambian Examination Council in preparing, administering, and scoring the Grade 5 National Assessment. It was decided that Ms. Kapungulya, Ms. Catherine Phiri, and Ms. Marion Tembo would draft necessary official memos, consulting with the Successful Intelligence on the demands of the project. The task of formalizing the agreement with the Zambian Examination Council is the next task Ms. Kapungulya will be carrying out.

(5)

A number of meetings were carried out with the representatives of the Zambian Ministry of Education. Ms. Catherine Phiri and Ms. Marion Tembo participated in a number of daily activities. Ms. Barbara Chilangwa met with the team at the start of the project and was updated on the project progress by her colleagues Ms. Catherine Phiri and Ms. Marion Tembo and by written reports.

Overall, all planned objectives of this trip were accomplished. The CHANGES office in Lusaka led by Dr. Edward Graybill was very hospitable and supportive. The next stage of the project includes data analyses and the preparation for the pilot study in the Eastern Province.

(Appendix 1)

The Z-CAI Validation Study

The Zambian Cognitive Assessment Instrument Validation Study (A Description of Materials)

This package contains examples for all of the components of the Zambian Cognitive Assessment Instrument (Z-CAI) that were included in the July 2001 validation exercise in the Chongwe District, Zambia. Due to the nature of our work, we created multiple versions of the assessment by grade, so as to evaluate as many potential test items as possible. All of the potential test items are included in the instruction manual integrated in this packet. However, copies of every version of every assessment are not included, as they do not serve to further elucidate the process of validation.

The following list shows all of the materials that were included in the Z-CAI validation exercise, along with a brief description of each.

Technical Materials

1. **Instruction Manual** – This manual shows all of the items included in the assessment in English and in Nyanja. It also shows all of the instructions to be read by the test administrator. The instructions to-be-read to the pupils are written in English and in Nyanja. Test administrators used this manual to read the instructions for the tests to the pupils.
2. **Score Sheet** – Five score sheets are included; one for each grade that was assessed. Test administrators used the score sheets to record the answers of each student to each test item.

Z-CAI Materials

3. **Blocks** – One set of blocks is included. These blocks are the centerpiece of the Z-CAI and are used for most of the test. Pupils are asked to follow a variety of instructions to successfully complete tasks. The instructions make use of the various colors, shapes, and sizes of the blocks.
4. **Paper Folding Test** – The paper folding exercise involves asking the pupil to follow graphical instructions to fold a square sheet of paper into the shape of an animal. Included you will find the graphical instructions for the paper folding exercise.
5. **Dot-to-Dot Puzzles** – Students were asked to complete one dot-to-dot puzzle. Puzzles of increasing degrees of difficulty were given to each grade (i.e., the easiest puzzles were given to third graders and the most difficult puzzles were given to seventh graders).
6. **Shading Puzzles** – Students were asked to complete one shading puzzle. Puzzles of increasing degrees of difficulty were given to each grade (i.e., the easiest puzzles were given to third graders and the most difficult puzzles were given to seventh graders).
7. **Maze Puzzles** – Students were asked to complete one maze puzzle. Puzzles of increasing degrees of difficulty were given to each grade (i.e., the easiest puzzles were given to third graders and the most difficult puzzles were given to seventh graders).

Validation Materials

8. **FIT Test and Manual** – This was a validation task that has been used successfully with children all over the world. Children are asked find the one area where a set of figures overlap. Previous research has shown that as children get older, they are able to find the overlapping area in increasingly complex figures.
9. **Cattell Test** – This was a validation task that is well-respected around the world. We used two subtests from the entire battery. We used the maze task and the similarities task from version one.
10. **Mill Hill Vocabulary Test** – This was a validation task that has been used successfully with children all over the world. Children are asked to find the closest synonym to a given word. We chose ten items from the original test that could be translated into Nyanja.

(Appendix 2)

Daily Reports

Saturday, July 7, 2001

- Entire team met from 9:30 AM – 4:00 PM
- Reviewed scoring practices from 9:30-10:30
- Worked in two groups from 10:30-noon, Paula and Jonna sat in and offered advice to the groups
- Worked in four groups (of 2) for the rest of the afternoon, Paula and Jonna evaluated the groups
- Worked in parallel to print forms for Monday's trip to Jacaranda

Monday, July 9, 2001

- Entire team went to Jacaranda at 10AM
- Met the headteacher, Mrs. Akakena, and she gave us a classroom to use
- Entire team watched Ruth administer to 5 seventh grade students. The administration took about 1.5 hours for only the block tasks
- In review, the team agreed that a better administration would include more uniform instruction reading and quicker administration
- In the afternoon, we broke into two groups. One group administered to fifth graders and the other administered to sixth graders. The speed and style improved in the afternoon, but the test still took about 1 hour for the block tasks only. This did not include the mazes, Cattell, Mill Hill, Origami, Money, or the FIT. Note that every child will never get all of these tasks, but we need to reduce the time of the blocks to allow for some other tasks.
- Kelly came over and photocopied everything for the NEPSY.
- We need to photocopy everything for the regular battery.
- Catherine and Marion joined us after lunch. Marion stayed and observed. Catherine had to go prepare for a presentation.

Tuesday, July 10, 2001

- Spent the day preparing materials for field test
- RAs went to Jacaranda to finish their preparation for the morning
- Afternoon we had a discussion of lessons learned from Jacaranda
 - Need a dedicated instruction manual that has the specific items for each version, not a manual that includes all instructions for all versions – it is too cumbersome to flip through and slows things down
 - Need to make sure to count the blocks before and after
- Reviewed progress with translator – gave shorter instructions for the FIT

Wednesday, July 11, 2001

- Made photocopies of materials to last for two days of the field work (Thursday and Friday). Ed found a local copy shop to make the copies.
- Students organized packets for each grade and prepared for the first day.

- Ended early to allow students to pack
- Met with Translator, signed contract and paid him for work (translation of the FIT instructions, block instructions, NEPSY, Mill Hill)
- Gave Practical Stories to Grace and Ngosa for translation. They agreed to provide translations by Monday, July 16.
- Paid Kelly ½ of his fee for work

Thursday, July 12, 2001

- First day in the field
- Went to Chongwe Basic School
- Met with the headteacher, Mrs Katukula – she expressed surprise at our arrival, but was very helpful
- Divided into three classrooms for assessment and one for NEPSY
- Kelly and Ian arrived around 10AM
- Due to the various streams of students, we started the day with 3,4,5, and then fit in 6,7 in the afternoon
- Accomplished 105 assessments (30 3rd, 30 4th, 15 5th, 15 6th, 15 7th)
- Drove over to Nyangwena to prepare them for the next day with Catherine Phiri. Met with headteacher, Mr. J. Hangoma. Asked for 4 classrooms for assessment and 1 for NEPSY.
- All assessments were done using Version One
- Realized in the evening that some information was not obtained from Chongwe. NEPSY needed to be finished on 9 children, and the FIT needed to be administered to 6th & 7th graders

Friday, July 13, 2001

- Nyangwena Basic assessment
- Started with grades 4,5,6,7 (10 students at a time)
- Accomplished 10 3rd, 30 4th, 30 5th, 30 6th, 30 7th
- 130 assessments total
- NEPSY team finished 20
- All assessments were done using Version One
- Drove to Chinyunyu Basic and met with headteacher, Mr. Kenedy Mwalye. Catherine Phiri and Jonna Kwiatkowski described the project to Mr. Mwalye and he agreed to arrange for rooms for the assessments.
- Finished by 4:30 PM and returned to Lusaka

Saturday, July 14, 2001

- Prepared materials for the next week
- Students came in to clean data, preparing it for data entry
- Worked ½ day

Sunday, July 15, 2001

- Students returned to the field to prepare for an early start on Monday

Monday, July 16, 2001

- Chinyunyu Basic assessment
- Used five classrooms.
- To maximize use of blocks, some RAs started with the paper and pencil tasks and other started with the blocks
- Assessed 140 students (30 3rd, 30 4th, 30 5th, 20 6th, 30 7th)
- Ran out of Origami paper – did not do paper folding task
- Did Version Two
- NEPSY Team did 20 assessments
- Jonna prepared the rest of the information for Version Three

Tuesday, July 17, 2001

- Katoba Basic Assessment
- Met with headteacher, Mr. James K. Chembe, at the beginning of the day and he provided us with the rooms and students for the assessment
- Assessed 100 students (20 3rd, 20 4th, 20 5th, 20 6th, 20 7th)
- NEPSY team did 20 assessments

Wednesday, July 18, 2001

- Chalimbana Basic Assessment
- Met with headteacher, Mr. C.E Banda, at the beginning of the day and he provided us with the rooms and students for the assessment
- Assessed 50 students (15 3rd, 15 5th, 20 6th)
- NEPSY team did 20 assessments
- Finished early and returned to Lusaka

Thursday, July 19, 2001

- RAs cleaned their data sets before lunch
- Prepared test-retest materials
- Discussed lessons learned after lunch
- Described training manual and made plans for its construction
- Assigned roles for test-retest
- Discussed ID creation with Jonathan. He will create ID numbers for School, Teacher and student that are all unique.
- Paid Jonathan for 2 days (Kwacha equivalent of \$60)

Friday, July 20, 2001

- Completed retest at Katoba with 5 RAs (Bestern, Ruth, Goliath, Ngosa, and Grace) and Jonna, Catherine Phiri came along
- 73 Students participated in the retest out of a possible 100 from the original test (the other children were absent from school)
- Paula and the other RAs started work on the Teacher Training manual

Monday, July 23, 2001

- Worked on teacher training manual

Tuesday, July 24, 2001

- Worked on teacher training manual
- Gave Samuel translation adjustments to complete

Wednesday, July 25, 2001

- Worked on teacher training manual
- Received revised translations from Samuel

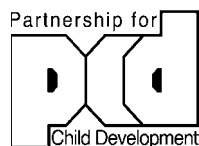
Thursday, July 26, 2001

- Finished teacher training manual
- Jonathan finished data entry, began final review of data entry

Friday, July 27, 2001

- Organized materials to complete week
- Jonathan completed data review, including the creation of explanation pages
- Met with Sophie Kasonde Ng'andu at UNZA to review the month's work. Sophie was very pleased with our progress and thanked us for the opportunity to participate in the project. Meeting participants were Sophie, Paula, Ed, and Joe.

Appendix B



REPORT

Training of Trainers Workshop: Provision of health interventions by teachers to pupils through schools

HELD AT PROVINCIAL RESOURCE CENTER, CHIPATA

FROM 13TH –17TH AUGUST, 2001

AIM OF WORKSHOP

To provide 20 master trainers in Eastern Province with the knowledge and skills needed to provide health interventions to children in schools and with an enhanced capacity to train others in these areas.

EXPECTED OUTCOMES

- Demonstrated understanding of diseases, deficiencies and their treatment and control;
- Teachers skilled in the administration of pharmaceuticals to children in schools.
- Development of an action plan for training rollout.

PARTICIPANTS

A total of 36 persons participated in the workshop. 29 participants, 4 facilitators and 3 workshop support staff. The majority of participants were in-service training providers (insert providers) at the district and zonal levels of the Ministry of Education. Six inspectors of schools and 2 lecturers also attended. Two participants were from the Ministry of Health, One from Social Welfare and another from the Department of Child Affairs. Please refer to Appendix A for further details.

METHODS USED FOR TRAINING

The methods employed were adult learning approaches, which included, theoretical presentations, practical demonstrations, focus group and open discussions, and practical sessions.

CONTENT OF TRAINING

As the training was aimed at equipping participants with knowledge and skills to train teachers in the delivery of health and nutrition services to children, participants were guided through the following topics:

- Clarification of terminology related to the health interventions and pharmaceuticals;
- Background information on the diseases and deficiencies targeted by the SHN program for interventions;
- Background information on the prevention and control of the diseases and deficiencies;
- Policies regarding delivery and administration of pharmaceuticals;
- The use and practice of various methods to identify Bilharzia among school aged children that included, the microscope, the dipstick and the use of a questionnaire;
- The use of the tablet pole for the treatment of Bilharzia;
- Administering drugs correctly, managing side effects, and recording data;
- The importance of working in partnership with other organisations to improve the lives of children;
- Introduction of a generic health education manual;
- Health education that should be taught alongside the interventions; and
- Field visit to practice various drug and health education interventions.

WORKSHOP OUTCOMES

The workshop provided an excellent forum for participants to develop and practice their skills in health and nutrition service delivery to children through skills and also to become fully briefed in the School Health and Nutrition Programme aims and implementation design. With most of the participants being zonal and district insert providers, it is expected that the training rollout will be a success. A full account of the daily activities were recorded by the CHANGES secretariat and are detailed in Appendix B.

During the course of the workshop certain issues were discussed in detail:

The development of a Zambia-specific Bilharzia questionnaire.

Much time was given to discussion on the best question and tabular format of this questionnaire. It has been our experience in other countries that this is a critical procedure in the development of an effective questionnaire. After much deliberance a format – with relevant translation – was decided upon and field tested during the school visit. The results were very encouraging: all true positives being detected by this method. It was decided that this questionnaire could now be formally field tested in a larger group of schools, with varying levels of prevalence, during the baseline survey to accurately quantify the level of detection given by this technique. It is anticipated that this questionnaire will be available for use on a national level after this next validation procedure. Please refer to Appendix C.

District training rollout plans

These were developed by the District teams and discussed with the Ministry team who agreed with them in principle.

The Development of a Zambia-specific Health Education Manual

PCD provided a generic manual that has been developed for other countries. The teams identified areas that needed to be changed in order to place it in the Zambia context. It was decided that PCD would modify as discussed, but it would be the responsibility of the MoE and the CDC to finalise this document.

Evaluation by participants

At the end of the workshop, a participant's evaluation of the week's activities based on the workshop was conducted. The questions were on the various topics dealt with and the training methods employed. The facilitators of the workshop also sought to ascertain areas of information or needs that the participants might have. The responses were generally positive with useful comments for future workshops. An analysis of the evaluation forms filled by participants is presented below. The analysis is for a total of twenty-eight (28) participants who returned their forms.

95% of participants stated that their appreciation and understanding of diseases, micronutrient deficiencies, drug administration and health education, partnerships, the health questionnaire, the dipsticks, the tablet pole, management of side effects and training others was **clear or very clear**.

100% of participants stated that the practical demonstrations, breakout and plenary discussions and the field trip to the school were **clear or very clear**.

Apart from one person who said the presentation of theory was **a little unclear** and another five who said the same topic was **fairly clear**, the rest of participants said the topic was either **clear or very clear**.

When asked what their impressions of the workshop were, most of the participants gave positive responses. In the words of the participants themselves:

"It's a well organised workshop and beneficial."

"I'm sure people in my area will be happy to hear about this programme as many of the children have blood in their urine. Although we have reported to the health authorities, no help has come."

"The facilitators were very understanding and helpful."

"Nicely presented because of the openness between participants and facilitators. It was also educative and has added to my self esteem."

There were a few of the participants, however, who stated that although they enjoyed the workshop, they had some reservations. These included:

"Transport arrangement between the venue and place of lodging needs to be improved on the next time."

"Chipata residents are always sidelined in allowance. Try to learn from ECZ and CDC on this. It is important they get 50% allowance or else they are not adequately motivated."

Questions were also asked to what assistance participants would need to implement the SHN Programme effectively in Eastern Province. The responses have been classified under the following and the numbers who needed the listed assistance have been included.

- Provision of adequate funds (16 people).
- Provision of training materials (15 people)
- Provision of adequate transport (7 people)
- Other assistance mentioned include books on health and nutrition, resource persons, tablet poles, drugs and dipsticks.

When participants were asked what further information they may need, this is what they had to say,

"Reference books and materials at all levels so that implementers prepare adequately for the work"

"Fliers should be printed in Nyanja and English and distributed"

"Apart from what I learnt, I will need further information on other illness like malaria, diarrhoea and HIV/AIDS."

APPENDIX A

SHN TRAINING WORKSHOP, AUGUST 13 – 17, 2001 **PARTICIPANTS LIST**

NAME	TITLE	ORGANISATION	ADDRESS	TELEPHONE NUMBER
1. Captain Anania K Z Banda	District Inspector of Schools	Ministry of Education	P O Box 520015, Chiadiza	51006
2. Ms C S Chirwa	Senior Inspector of Schools (SC)	Ministry of Education	P O Box 510024, Chipata	22337
3. Mrs C N Phiri	Senior Inspector of Schools (SHN) Focal Point	Ministry of Education, Headquarters	P O Box 50093, Lusaka	250340
4. Mrs M T Zimba	Lecturer	Chipata Teacher Training College	P O Box 510189, Chipata	
5. Mr Z Kasaro	Zonal Inset Provider	Ministry of Education	P O 520017, Chadiza	
6. Mr A Mutale	Lecturer	Chipata Teacher Training College	P O Box 510189, Chipata	
7. Mr N Nkhoma	District Social Welfare Officer	Social Welfare	P O Box 510075, Chipata	22021
8. Mr Leonard Aliphas Ngoma	Acting District Inspector of Schools	Ministry of Education	P O Box 540049, Chama	
9. Mr Queen M Ngulube	For PCCO	Child Affairs	P O Box 510279, Chipata	22922
10. Ms Irene C Makukula	ACOO	Community Development	P O Box 510075	22021
11. Mr Stephen Nyendwa	Provincial Inset Provider	Ministry of Education / TED	P. O Box 530056, Lundazi	80149
12. Ms Milika Nyirenda Malata	Acting M.A	Ministry of Health	P O Box 511205, Chipata	21298
13. Ms Margaret Mapata Phiri	Zonal Inset Provider	Ministry of Education	P O Box 510568, Chipata	22280
14. Mr Okedi Lungu	District Inset provider	Ministry of Education	P O Box 510241, Chipata	21152
15. Mr Gibson Phiri	District Inset Provider	Ministry of Education	P O Box 540049, Chama	
16. Mr Joseph N Banda	Zonal Inset Provider	Ministry of Education	P O Box 540087, Chama	
17. Mr Richard Thole	Zonal Inset Provider	Ministry of Education	P O Box 540016, Chama	
18. Mr Patson Kanyama Tembo	District Inset Provider	Ministry of Education	P O Box 520015, Chadiza	
19. Ms Joyce F Soko	Zonal Inset Provider	Ministry of Education	P O Box 510393, Chipata	
20. Mr Nephtally Mwanza	Zonal Inset Provider	Ministry of Education	P O Box 540020, Chama	
21. Mr Hebert C Soko	Nutritionist	Ministry of Health	P O Box 511205, Chipata	21298
22. Mr Brevious Ngulube	Zonal Inset Provider	Ministry of Education	P O Box 540064, Chama	
23. Ms Christine B Kunda	Senior Lecturer	Ministry of Education / TED	P O Box 50093, Lusaka	250633
24. Mr Richard Chirwa	Zonal Inset Provider	Ministry of Education	P O Box 520015, Chadiza	
25. Mr Isaac Kanyinji	Zonal Inset Provider	Ministry of Education	P O Box 510582, Chipata	
26. Mr Zakeyo Nyangu A	Zonal Inset Provider	Ministry of Education	P O Box 510241, Chipata	
27. Mr Webby Chanda	Senior Inspector of Schools (SC)	Ministry of Education	P O Box 50093, Lusaka	251507
28. Ms Venus C N Thole	Provincial Inset Provider	Ministry of Education	P O Box 510386, Chipata	21368
29. Ms Dorrice Phiri	Zonal Inset Provider	Ministry of Education	P O Box 520045, Chadiza	
30. Mr Mwenya Musanshi	District Inspector of Schools	Ministry of Education	P O Box 510241, Chipata	22620
31. Dr Lesley Drake	Project Coordinator	Partnership in Child Development (PCD)	United Kingdom	
32. Mr Richard Suswillo	Project Manager	Partnership in Child Development (PCD)	United Kingdom	
33. Ms Emelia Allan	School Health Nutrition Consultant	Ghana Ministry of Education	Ghana	

Appendix B

DAY ONE (13TH August, 2001)

09.30 Hours Workshop started with a Beautiful atmosphere. Mrs. Catherine Phiri welcomed everybody in a happy moody. She asked Mrs. Kunda to give a prayer to open the workshop.

Mrs. Catherine Phiri went on to give an opening remark on School Health and Nutrition. She then introduced visitors: Dr Drake, Dr Suswillo, Emelia, Miriam and Sheriff. There was self-introduction of participants.

Mrs. Phiri went through the Agenda with participants. She added one item, that is 13.15 on Tuesday, a Theatre performance by a drama troupe.

Emelia expanded on rapporteur and break out groups. She led participants to choose the rapporteurs for the day and for other subsequent days. The Course prefect was also chosen and was Anania from Chama.

Emelia gave out a box of papers where names of different animals were written. Each participant picked a piece. Break out groups were formed with the help of a sound of the animal chosen.

Catherine then gave the task to the group to come up with 2 expectations. After which she also explained the objectives of the course to participants.

Expectations of the course were:

1. To understand the relationship between education, health and nutrition of a child
2. To acquire knowledge and skills in health education dissemination to teachers and other stakeholders
3. To know how to administer drugs
4. To know what nutrition is
5. To know major stakeholders

Objectives of the Course were:

1. To train Master trainers in the delivery of Health, nutrition interventions by the teachers to the pupils
2. To develop health education material to reinforce the interventions
3. To develop districts roll out plan to train teachers in Chama, Chadiza and Chipata.

Ground rules were also set by participants and it was expected that everyone will adhere to them to ensure the success of the workshop.

Exactly at 10.25 hours the Provincial Education Officer (PEO) arrived. Cathrine gave an introduction of the programme. There was also a brief re-introduction of everyone. Cathrine invited the PEO to speak.

The interesting thing why the PEO was interested in the SHN programme was because he was among the initiators of the programme launched in December, 2000.

He said he was impressed of the participation because it was from a wide area. He officially opened the workshop and asked the participants and the visitors to feel free in the Eastern Province.

Tea break was at 10.50 hours.

Captain Anannia, the course prefect called house to order around 11.15am.

Catherine went on to introduce the BESSIP to participants. She said the programme has 2 categories.

BESSIP objectives

- Increase e.g. enrolment
- improving learning achievements

BESSIP Component

She had to zero in to the programme on situational analysis by looking at the problem first.

Objectives for school overall programme are to improve SHN. She picked the key words in this objective e.g. learning, integrated FRESH approach, focus resources for effective school health

After conducting a situational analysis a SHN policy was drafted and signed between LUO and MOE and proposal approved by the ethics committee.

She ended by saying that, the Eastern Province was chosen as a pilot because of the high poverty levels and also because it had the lowest enrolment levels in the country.

At 12.06 hours, Paul Freund was the next to make a presentation. He said he had worked on policy development at national level. His interest is to implement the program at all levels. His responsibility is to provide skills for the programme and to encourage cooperation among the different stakeholders. It is important to know what the community has to contribute to the programme.

Lesley was the next to make a presentation. She spoke about the FRESH approach. Her presentation includes the following key points

- Why they looked at the implementation of other school programmes.
- Global distribution of Schistosomiasis
- Prevalence of Anemia, among different PIP based on national data.
- She also spoke about at 3 drugs abendazole/mebendazole/praziquantel

At 12.33hours Emelia made a presentation on the Ghana experience on deworming children.

In 1989 it was estimated that 80% of school aged children in the country had intestinal parasites of one kind or another. The MOE did a national deworming exercise with piperazine for treatment but no assessment was done to ascertain its effect.

In 1994, the Child Development Programme started in Ghana. It had 2 main components.

1. Research – prevalence of int 2 Antropometric statstic weight and height.
2. Interventions

The programme had three intervention districts and two comparisim districts. She spoke about their Drug Administration programme and any other experiences including implications and challenges.

AFTERNOON SESSION

It started at 14.25 hours. Richard Suswillo, a parasitologist based in London took up the next session. His presentation was on Diseases and Deficiencies.

The emphasis was on worms. Worms such as large roundworms, whip worms and hookworms were looked at. He went on to show the participants the actual size of these worms through a microscope. He further emphasized that the worms pose a danger in that they sack blood – in the blood vessels.

Symptoms of the worm infection include loss of appetite, coughing, fever etc. Thereafter, we looked at the different life cycles of these worms.

We learnt that in Bilharzia, eggs are passed in urine and that if the eggs are dropped or deposited in the soil, the eggs will die.

Drug treatment – it was said that the treatment is safe effective, economic and efficient delivery.

Benefits of treatment – improved nutrition status of a child.

Prevention – reduce contamination of the environment by increased use of latrines, improved personal hygiene

Thereafter there was an energizer also by Mrs Phiri, the Zonal Provider – Chipata District called “Kuku yutetera – uku yuyikira” this was enjoyed by all participants.

There after participants went into groups of fives to see the worms under a microscope. This was practical demonstration on drug administration, it was learnt that on the day allocated to administer the drug, children should feed on some food.

Thereafter, primary school health education was offered by Catherine, where she said this was a “Teachers’ Guide” she explained that the material can be used as a teaching and learning aid at different levels.

From the manual – groups were asked to carry out an assignment on the health education manual.

Things to do:

- Comments on the content of information provided
- Comment on the suitability of pictures in manual
- Comment on the suggested strategies used in the manual
- What about the exercises? Make your comments
- Comment on the language used
- Recommendations for improving the manual
- Define the levels at which the manual should be used
- Make suggestions for inclusion /subtraction from the manual

After Tea break, groups went into discussions on the objectives, expectations and observations. During plenary session, groups reported their views and observations; this was well received by the facilitators and appreciated the comments from the groups.

Catherine – the facilitator at the end of the day, asked participants to read the manual at night. The workshop ended at about 17.00 hours.

DAY TWO (14TH August, 2001)

The session was opened by a prayer conducted by Mrs Thole. She praised God for the guidance in our deliberations.

All members were present. Two joined the workshop – Mr Mutale and Mrs M T Zimba.

Reading the rapporteur of Day 1. The first part of the report was read by Mrs Phiri and the second part by Mr Kanyinji Isaac. The report was correct. However, it was advised that the names of the rapporteurs should be indicated. It was also said that the rapporteurs to be brief and to the point.

Accommodation

The facilitators asked whether the participants are happy with the accommodation or not. The participants said that the accommodation was good but transport to and from. It was resolved that by 0730 hours all participants to be ready.

Assignment

On day 1, an assignment was given to facilitators on voice audibility – ability to project. Resolution: sitting arrangement to be revised and interjected where you are not clear.

Training Manual

There was a cry on training manuals. The facilitators said that the training manual will be completed step by step and handed to participants before the end of the workshop.

Planning

Guidelines will be given to participants so as to come up with a good action plan.

Health questionnaire Lesley 0920 hours

Questionnaires have been written in two dialects English and Chichewa. A report of preliminary fieldwork was conducted in a Zambian school. Health and nutrition programme on 18th to 22nd June, 2001 in Lusaka. It was seen that Schistosomiasis exist in urine. She showed a chart indicating number of people infected in a community – on the chart, red line indicated blood in urine, and black line indicated presence of eggs in urine. The questionnaire alone would not give us correct percentage of people infected but actual diagnosis of the disease (Schistosomiasis). A questionnaire survey was used in Tanzania and Ghana to identify schools where the prevalence of infection. This was also done in two schools in Chongwe. Catherine stated that there was the need to modify the existing questionnaire to suit the Zambian setting. The form is to be completed by the class teacher before the drug is given. Schools to use EMIS number as registered number.

Group work (study the diseases, simplify some, and add some) 11.00 hours. All participants went into their groups. Plenary was at 11.10 hours.

- Group A: The form is confidential, instructions for the teacher to be in bold, name of school not schools, zone, not ward, school registration number, Day/month/year. Grade not class, status not stream, Bialharzia and not Schistosomiasis, remove plague, the number of children should go up to 50.
- Group B In this group, they suggested that instructions be on top. The included other diseases – measles, sneezing, skin rash and Pneumonia.
- Group C it was presented by Mrs F Soko. Changes were as above. On comment it was emphasized that we should use teacher instead of class teaqcher.
- Group D Sex to be gender and district to be included. However, it was agreed that sex should remain the same.
- Comment: It was said that sneezing is associated with coughing, skin rash, ringworms and scabies. Pneumonia was removed because it comes as a result of other diseases. Measles is a special case in Chama and medical personnel to look into it. 12.05 saw the end of plenary.

There was a long debate on the redesigning of the questionnaire form. The original one was rejected for it needs a lot of stationery. The agreement was not reached on the design of the form, however, the suggested one stated that the details of the admission number, age and sex and diseases to appear in the column and names of pupils to appear in the rows.

1250 break for lunch. During lunchtime, there was a drama performance by Joseph Memorial Theatre Group. The topic was “Sukulu ya Ukhondo ndi Mwana wa Ukhondo” Clean learning environment and a clean child.

AFTER LUNCH

All participants were back in the workshop room at about 1430 hours. Mrs Catherine Phiri facilitated on 'working together in partnership' namely, Ministry of Health, Plan International, Ministry of Community Development and Social Services, Ministry of Agriculture, Food and fisheries and many more other organizations. The Ministry of Education in this aspect is the top most sector paddling the canoe and seeing to it that it assist in lending services.

In her facilitation, all participants were involved to the contribution in outlining what Different organizations are doing in their targeted areas and their objectives already set.

Looking at the three districts attending the SHN workshop, it was observed that different organizations are operating in different districts in which they prioritized their activities regarding assistance given to school pupils and the community at large.

Chadiza opened the floor by presenting all the identified working organizations within her district and their area of operation. Questions and clarifications no crude information was made such as the Ministry of Health has responsible experts in medication provision, administration and management and not experts in drugs only so to say. Chipata presented hers after Chadiza. Last but not the least was Chama district. Reminders from to participants was forwarded to take into account prioritization of their identified partnerships.

Learning from all angles, Emelia presented 'Ghana experience, in which their point of first attention was research intervention as different from Zambia. In her presentation, she outlined all states pertaining to the flow of information from the top to the grassroot level in the Ghana Ministry of Education system. She further focused on the Ministry of health partnership and its assistance to them as per programme such as drug procurement and supply. She added on to say, ground rules should be set and precautions taken note of when administering drugs as they have side effects once taken. Other organizations were identified too and their assistance known. She added on that this programme should and must be done in core groups for efficiency

Mrs. Catherine Phiri facilitated on 'Government Bodies' in Zambia. She, as a matter of protocol prioritized and enlightened the participants to streamline working partnership to avoid failure of the programme implementation because other NGOs may have different objectives parallel to School Health Nutrition programme. She further strongly advised participants to work in collaboration with other notable organizations as such recipients may not deliver the required materials to vulnerable and orphans due to animal in man. She pointed out she is a Focal point person in the Ministry of Education and works in collaboration with JICA and UNICEF and that she knows the in and out of their activities. She ended by alerting the participants the way programmes are initiated and run at National level.

Day 2 was called off at 17.35 hours.

Compiled by Brevious Ngulube of Chama and Robbie Chirwa of Chadiza

DAY THREE (15th August, 2001)

To wait for some of the participants who delayed in reporting an announcement was made by Catherine indicating a Change in the day 3s activities to accommodate a spill over from day 2s activity that is, the practice in the use of tools which was to be included during day 3 activities after tea break. This was at 0835 hours.

At 837 hours a prayer was offered by Mr Chanda indicating that the start of the day 3 activities. Just after a prayer rapporteurs report for day 2 was read out by Mr Ngulube and Mr Chirwa.

After the report was completed the house asked for corrections in the Drama Theme as the translation made gave a misleading interpretation. Another correction made was on the percentage of the disease prevalence of 30% for Ghana, which meant that all pupils, had to be treated.

At 0849 hours after the appeal for corrections Catherine mentioned that there was need that at District level the District Inspector of Schools was automatically a focal point person where as provincial level the Provincial Inspector of Schools was to be one. She went on to suggest that an implementation committee at district level be instituted which was to meet frequently just after its formation but reduce its frequency of meeting thereafter. She highlighted the house on how for instance DWASHE was functioning and its composition, which she said, was as follow:

- Ministry of Education
- Ministry of Health
- Local Government
- Water Affairs
- NGO (any)

That is each of the above had a representative in the DWASHE committee.

For SHN to bare fruit, she proposed for an inter-sectoral committee be put in place as an implementation committee. She strongly advised the house that those that were to belong to the implementation committee needed to be those that were to do the job especially the key persons not the heads of departments.

A brainstorming was done to try and identify those that were to attend the first meeting prior to the formation of the implementation committee per stakeholder department.

e.g.

Ministry of Health District Planning Officer and the Disease control officer

Council Planning Officer

NGOs Need of prioritizing the NGOs by working at those that were operating in the schools and were active

MCDSS	representatives from the department of community development and the department of social welfare were ideal to represent this ministry
MAFF	Field Service Manager and nutritionist
PAM	(This was for Chipata district only the Nutritionist was ideal)
MOE.	This ministry requires to be represented by the DIS, DIP, One ZIP, the SIS and the PIP
Donor	Changes this could be represented by the project officer
Head' Association	The Chairperson
College	The SHN focal point person

In addition the District HIV/AIDS focal person was vital. She went on to mention that the DIS was to chair this first meeting. The core group was to be drawn from this group which require to be small representative of the very active stakeholders as working with a big group was difficult.

After the formation on the implementation committee at district level the DIS was required to further facilitate the formation of an implementation committee at school level. Catherine went further to stress on the need of proper record keeping and the need of submitting of quarterly reports to the national level by the SHN component manager

At 09.34 hours Richard introduced the topic on the use of the DIP stick. He mentioned that 2 tools were to be used in Zambia during this programme namely Dipstick and the tablet pole for the administration of praziquantel.

To detect blood in Urine, the tip of the dipstick when dipped into the urine sample turned green or remained yellow. That is green meant positive while yellow indicated negative.

The following were required during the exercise of detecting Bilharzia:

- the dip stick;
- the container needed to be clean and dry;
- the urine sample was required to be tested immediately but should not be left untested after 4 hours;
- the tip of the dipstick required to be dipped in the urine sample completely;
- the results required to be awaited for 2 minutes but mostly 5 seconds was enough to indicate the positivity of the sample; and
- there is need of wearing gloves

The participants were however informed that any form of blood present in urine would lead to the dipstick turning green for instance menstrual discharge. A demonstration of different urine samples.

At 1008 hours the height pole was introduced. The height pole was an important component in the administration of the drug praziquantel. Richard went on as such there was a need of being accurate in determining the height of pupils to avoid under dose and over dose.

There was however, lengthy debate on the accuracy of the use of the height tablet pole in the administration of praziquantel unlike the fears expressed by the participants, the facilitators said that the use of the height tablet pole was used in children who were still growing not the old. In addition, the method had proved effective in Ghana and Tanzania – not forgetting in Chongwe district of Zambia.

The accurate taking of heights was demonstrated to the workshop participants.

Tea break was at 10.50 hours. After tea break at 11.24 hours, Catherine informed the house that it was to break into groups to practise the use of the 3 tools namely:

- the dip stick
- the height tablet pole and the
- administration of the questionnaire

At 11.24am participants broke into groups to practise the use of the 3 tools.

The workshop participants reconvened at 12.24 hours at which they agreed to adopt the 3rd questionnaire sample. Due to some shortfalls presented by the other questionnaires.

However a certain group was not required to take the drug these include the following:

- The pregnant girls
- Children with fever (However these can take the drug later after their recovery)
- Children who had chronic diseases
- Those whose parents did not consent to the idea.

Emelia introduced recording data at 15.20 hours with the distribution of class record forms. During her presentation it was agreed upon that the first order of praziquantel tablets was dependent on the fact that all children in the sampled schools be regarded as takers of the drug as the administration depended upon the results of the test percentage prevalence of the disease. For Abendazole all children were to take the drug so this was easier to order and administer.

At this point in time it was made known to the house that schools had been divided into 2 groups that is 20 as control schools and 20 as intervention schools.

At exactly 1600 hours the workshop participants broke for tea break. Shortly after the Chief of Party was introduced to the participants. The first activity after tea break at 1620 hours was the translation of the questionnaire into Chinyanja. In the final analysis the participants were divided into 5 groups that is:

- | | |
|---------|--|
| Group 1 | to administer questionnaire |
| Group 2 | to look at the height and weight correlation |

Group 3 to look at urine test
Group 4 to take up treatment
Group 5 to look at the side effect.

However swarpping would be done. This was done in preparation of the day 4 activity on the visit to school at Umodzi Primary School.

The day's activities winded up at 1715 hours with all members present.

Catherine informed participants that the *Zambian* drug movement pattern that was to be followed during the SHN programme was:

Medical stores - distribution (where repackaging was to be done) – finally to the school through a health center nearest the sampled school. At this point it was resolved that the group break for lunch at 1322 hours.

At 1430 hours Emelia facilitated the topic on the side effects of the drugs which she said included the following symptoms:

- nausea
- diarrohea
- stomach discomfort
- laziness
- weakness
- headache
- fever
- vomiting
- skin rash

She alluded that those who were to experience the side effects were: the heavily infested children, the under nourished and those children who took the drug on an empty stomach. She went on to say that if the effects lasted for more than 12 hours then such cases were to be referred to a health center/hospital.

On management of side effects, she said for weakness and dizziness then the child was to be left to lie down until these side effects subsides. For those that experienced vomiting, diarrhoea, fever, stomachache a lot of water or ORS (if available) was to be provided.

At this point Catherine clarified that all those that had to be referred to the health center were to be referred to the health center were to be treated freely as a scheme in each sample school shall be put up at a given health center to take care of the above cases. She asked the DISs to liaise with their counterparts in the MOH over the same and the amount agreed to be communicated to her office at the shortest possible time

DAY FOUR (16TH August, 2001)

PROGRAMME WAS:

0830-0900 hours	rappoteurs report of day 3
0900-1300 hours	visit to a school
1300-1400 hours	Lunch
1400-1600 hours	continuation of visit to school
1600-1700 hours	Group discussion about the visit

The day's programme started 25 minutes earlier than the usual time with a prayer from Catherine Phiri at 08.05 hours with attendance of 21 participants. Next we heard rapporteurs report of day 3 from Mr Zedekia Kasaru from Chadiza.

The guidelines for preparing an Action plan were given by Catherine. She said that we should use the five Ws and one-H. as a guide for preparing action plans. These include:

1. What activity to be done
2. Who target
3. When time frame
4. Where venue
5. Why purpose
6. How strategies

The action should be simple but the following points should be considered. Identify people to be trained e.g. headteachers, SIPs etc commitment by trainers and time for the workshop must be between now and October. Funding for Chipata and Chadiza will come from CHANGES while Chama which has 10 intervention schools will get funds from Lusaka through Catherine Phiri. Duration of the District workshops will be three days and the number of trainers and participants will be determined by the master trainers who are responsible for costing the workshop.

The content of the workshop should include: background of the SHN, objectives of the workshop, drug administration, diseases, worm infestation, the questionnaire, health education strategies and lastly side effects. The first people (teachers) to be trained are those in the interventions schools then the programme of health education will go to schools through the cascade system, songs, etc.

Emelia made a presentation on Iron tablet, which she said is a treatment of Anaemia. The iron tablets increases haemoglobin level. This tablet is given once a week for 10 weeks after worm infestation and should be given during the course of the term. The tablets should be stored at school.

Vitamin A improves eyesight and help in immunity of the body. It is given orally once per year, a week after worm treatment to children of 6 years and above having in mind that children below 5 years and below have already been given by the national health programme.

By 09.30 hours the participants broke into 5 working groups and started over the practicals at Umodzi Demonstration School. Upon arrival we found that a room was already prepared and parents and selected teachers were already seated. The programme started at 0940 hours with introductions of our group to the parents and teachers presented by Captain Anania K Z Banda. Health Education followed. Captain Banda asked the parents to be open and participate fully. He told the people that the purpose of the programme is to deworm the children and the people are expected to help the teachers by feeding the children and allowing them to be treated. If there will be no cooperation the programme will fail. A concerned parent wanted to know as to whether the drugs will be given without examination, he was told that the examination will be done and treatment will be given where required but the deworming tablets will be given to all. Another parent said that a team from the Ministry of Health came to give medicine to pupils at the school last Tuesday. The head reported that it was not true because the team just did medical examinations in which they found a pupil with a nib of a pen in the ear, which they removed while another was found with 2 broken sticks of matches in the ear which they failed to remove. There was a question from people as to whether every disease will be treated. The answer was that only Bilharzia and worms infestation. If a child is referred to the hospital, the health Schemes will pay if a parent can not afford.

The Captain asked the parents whether they agreed to let their children be treated. The parents agreed in unison. He further requested them to observe what was happening. Parents were made to go out in order to prepare the room for the exercise to start.

There were 19 men and 40 women plus 7 teachers accompanying pupils. The exercise started by feeding the pupils with snacks.

The tablets were arranged as follows:

Table 1	Table 2	Table 3	Table 4	Table 5
Questionnaire on disease	Measurement of weight and height	Testing of urine for Bilharzia	Treatment	Observation

We were given 10 pupils from each of the seven grades. The first group of pupils was grade 1s. It took about 45 minutes to finish working in each grade. After the first grade, the groups' swapped tables. We kept on swapping till we had finished the last grade. This allowed all participants to practice all the skills needed for drug administration.

The time reduced as we got use to the system. There were 34 special cases requested either by head or parents who were also treated. The total number of pupils treated were 259, out of which 29 tested positive for bilharzia. We finally finished the exercise at 14.34. Every one was hungry and tired.

We had out lunch at around 15.00 hours after which we dispersed. Catherine Phiri reminded the participants of the Action plans to be ready the following day,

DAY FIVE (17TH August, 2001)

The session started at 0830 with a prayer from Mr. W. Chanda. Mr. Banda read a recap of the previous day's activities. Corrections were made and the report was adopted. A review of the visit to Umodzi Demonstration school was done. The following issues came up;

REVIEW OF FIELD VISIT

Questionnaire

1. Adolescents were reluctant in giving out sample urine.
2. Misconceptions of the infections associated Bilharzia with STDs
3. Little information about the programme was given to children
4. Children should be escorted by teachers of the same sex
5. Show love to pupils when administering the questionnaire.
6. The treatment group to explain to a child about side effects
7. Include 'other' on the list of diseases

TABLET POLE

1. Adjustment to be made for the '1 tablet'
2. Adjust the pole to have an adjustable measuring mark

TESTING GROUP

1. Take time to observe the change of colour from the dipstick.

OTHER COMMENTS

Questionnaire

- The questionnaire is used to calculate the demand of drugs to be given to a school.
- On the column for diseases, there was a suggestion that 'others' should be added to cater for any ailment the child might have not on the list.
- Questionnaire was quite clear and easy to use by teachers.

Tablet pole

- Easy to use
- Adjustment to be made for '1 tablet'
- Suggestion to adjust the pole to have an adjustable plank
- In the exercise 4 no pupil was found to be below the last yellow mark.

Testing (using the dipstick)

- Teachers should give appropriate instructions on the amount of urine to be submitted. At least, the bottle should not be too full.
- Teachers should be careful on girls who are menstruating for test can prove positive for any blood in the urine.
- They should also take time to observe the change in colors from the dipstick.
- Urine should be disposed of properly and bottles returned after use

There were very isolated cases of nausea, dizziness and hunger reported. There were a few side effects because;

- The pupils had fed before drug administration.
- Pupils were not malnourished.
- Less number pupils infected because of the location of the school (it is in an urban setup)

The review was concluded by a reminder that the teachers were not going to administer the questionnaire for this year, but will only be involved in testing using the dipstick.

We broke off in 3 distinct groups to prepare action plans. Chadiza presented their work plan and were told to re-do it in order to accommodate 10 schools instead of the original 2. They had also to add the monitoring aspect. Chipatu presented there and was accepted as being realistic. Chama's plan was incomplete. They were advised to complete it and add monitoring.

GRANTS UNDER CHANGES

- Participants were informed of the available grants under the changes program.
- One of the initiatives to be done as we prepare the action plans is to sensitize the identified communities on these grants.
- The communities should come up with project proposals/their own action plans, which will be subjected to a selection griterice.
- Changes will be concerned with initiatives that are school/community based.

Before going for lunch, an evaluation questionnaire of the whole week' workshop was given to participants to respond to participants broke off into the animals group to comment on the suitability for use in Zambia schools of the teachers guide on primary health education which was developed in Tanzania. The following were the suggestions.

The dogs group was the first to present on the observations on the Trs guide. The following were the findings i.e.;

- Change to Basic school Health education.
- Standard one – To change to grade one.
- Content – This should suit both urban & rural setting.
- Chapter – To be changed to topic
- Exercise – to be both subjective & objective.
- Primary Page 14 – mixed food to read balanced diet.
- Page 14, page 34 – Not labeled (Body building foods)
- Page 37 Pic'5 – (First Aider attending to casualty)
- HIV/AIDS To be incorporated in the Trs guide.

After the Dogs group completed their presentation the cook's group came to present their findings They include the following;

- The information is adequate.
- Pages 6&7 these pictures depict an urban setting not a rural one.
- The strategies used had been found to be suitable and good for recaptulation.

- The language use was suitable for the teacher.
- The group recommended for simplified pupil's books to be printed.
- The manual was found to be suitable for all levels.
- No exclusion should be done from the manual.

THE Goats group came next and these are their suggestions

- Both hands and feet have fingers and toes with nails respectively.
- P.7 Picture not matching with picture washing hands well with soap.
- P.8. "Why do you brush your teeth". Add: pupils should draw and label external parts of the body.
- P.9. Children are tending the crops.
- P.10. A boy and a girl are resting.
- p.13. Types of food for energy and warmth.
- p.14. Bodybuilding and repair worn out tissues. Proper food for healthy body is mixed food from three different groups (balanced)
- T/L Strategies; pupils to mention instead of explaining.
- Pictures generally suitable but heading not matching with pictures.
- Exercises are suitable.
- Examples of foods are not in the Zambia language.
- Pictures not labeled should be labeled and an explanation of what they mean

The cow group came up with their findings, they are;

1. Reasons for destroying nails clippers are many e.g. long nails may injure an individual.
2. Dirty skin in between toes is host for jiggers not the legs.
3. On pictures shown the group discovered that stereo type of pictures should not be shown e.g. P10 & P19.
4. The picture does not show lighting fire on P21.
5. It was discovered that sentence arrangement was wrong on P28 question 4.
6. The group like the other groups noted that e.g. on foreign language should be changed to suit the Zambia situation.
7. P34, the picture only shows girls cleaning the toilet, which is misleading, as boys should also assist.
8. On P8 a question on the exercise reads- and instrument used to shave long hair but it should have read instrument for cutting long hair.
9. Picture on P10 shows a boy and girl resting not boys and girls.

This group was the last to contribute last general questions and comments were invited on the issues raised to consolidate the groups' presentation.

As part of disease we should link the information to worm infestation.
Foods should be Zambian and identify those that are commonly used.
Write supplementary readers.

RECOMMENDATIONS/NEXT STEPS

The participants recommended that;

1. Funds should be released in good time.

2. Commitment on implementation of activities at all levels.
3. Teacher to be deployed in schools to assist in this program of SHN as most school if not all are understood.
4. Formation of the intersectoral SHN implementation committees.
5. Admission registers to be functional in schools
6. Finalization of the TG aid use in schools by 2002.
7. Training manual to be produced on deworming.

After the recommendations, the PLS was invited to close and present certificates of attendance at 16.40hours.

The first to speak was the SIS who informed the PLS on the activities which were included in the workshop with effect from Monday i.e. administration of drugs, visit to Umodzi Demo school.

Having concluded her speech the PLS welcomed all the visitors from UK, Ghana and Canada. He even thanked them for attending and for facilitating during the workshop. He also asked those from different districts to implement what had been got from the workshop. He emphasized that no matter how much the teacher can put in if the child is sick, then nothing could be of any meaning. For this reason the health of the child plays an outstanding role in the education system.

He argued all participants to get back their respective places with a lot of information and share with others who have remained in various schools. The PLS informed the participants that the HIV/AIDS epidemic was real and need not be taken lightly. Having said this, the PLS presented the certificate to the participants.

After the certificates were presented, the DIS of Chadiza gave a vote of thanks to the PLS.

APPENDIX B

STRICTLY CONFIDENTIAL

Zambia School Health and Nutrition Programme - CHANGES

School Health Programme: Questionnaire for Teachers to interview pupils about their health

Teacher: please complete this form and return it to your Head Teacher

[illegible]

Date: (day/month/year)

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Zone/District																	
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Grade

School Status

[illegible]

Total girls enrolled in class

Total boys enrolled in class

Sex of Teacher (M or F) ☐ School Code/EMIS number

Total boys present today

Total girls present today

Please call up each child, one by one, and write the child's name, admission number, age and sex in the column belows. Then ask the child: "In the last 2 weeks have you had a Headache?" Write down the answer in the same column, below, put (✓) for "Yes", (O) for "No" and (?) for "Don't know". Continue with the next problem and record the answers below.

[illegible]

Zambia School Health and Nutrition Programme - CHANGES
School Health Programme: Questionnaire for Teachers to interview pupils about their health

Page 2

Serial Number	e.g.	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Name of child																					
Admission Number	1234																				
Age (years)	12																				
Sex (M or F)	F																				

Cough	√																				
Headache	O																				
Scabies/Ringworm	√																				
Bilharzia	√																				
Malaria	√																				
Toothache	?																				
Abdominal pain	O																				
Eye infection	√																				
Blood in urine	O																				
Ear infection	√																				
Worms passed	O																				
A cut or wound	O																				
Lice																					
Jiggers	O																				

Thank you teacher

APPENDIX B**STRICTLY CONFIDENTIAL****Zambia School Health and Nutrition Programme - CHANGES
School Health Programme: Questionnaire for Teachers to interview pupils
about their health**

<i>Pupil Number</i>	<i>Pupil Name</i>
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APPENDIX B

STRICTLY CONFIDENTIAL

**Zambia School Health and Nutrition Programme - CHANGES
School Health Programme: Questionnaire for Teachers to interview pupils
about their health**

Appendix C

Republic of Zambia

MINISTRY OF EDUCATION

BASIC EDUCATION SUB-SECTOR INVESTMENT
PROGRAMME (BESSIP), SCHOOL HEALTH AND
NUTRITION (SHN) INITIATIVE,

INFORMATION, EDUCATION AND
COMMUNICATION (IEC) STRATEGIC MEDIA
ADVOCACY CAMPAIGN

Compiled by Gershon Musonda (Mr)
IEC Expert

August, 2001

1.0 INTRODUCTION

1.0 INTRODUCTION

- 1.1 The School Health and Nutrition (SHN) Initiative is a sub-component of the Basic Education Sub-Sector Investment Programme (BESSIP) under the Ministry of Education. BESSIP is aimed at enhancing the learning process in schools and making education more relevant to lives of children.
- 1.2 SHN which was abandoned in the late 1970s has been revisited as being key in the effective education of children. The basic understanding here is that good health and nutrition among school pupils results in quality basic education children receive, hence the re-introduction of SHN.
- 1.3 The effective implementation of SHN and BESSIP in general, requires active involvement of stakeholders and strengthening linkages within their group as they interact to achieve the primary goal. One of the essential tools needed to enhance the performance of SHN is an effective communication campaign to popularize the initiative and rally everyone concerned behind it.
- 1.4 There is therefore an urgent need to market SHN properly through the print and electronic media and use of non-traditional modes of communication, thereby advancing the SHN agenda in the public arena.
- 1.5 It should be noted here that free media coverage for SHN will not be enough and thus this initiative should also benefit from the fruits of in-house publications, paid advertising and media programmes to guarantee total success.

2.0 BACKGROUND TO SCOPE OF WORK

- 2.1 There has been a number of publications on SHN since the project was re-introduced recently. These include speeches at meetings and seminars, news reports, radio documentaries and officials reports. This however is not enough and a broad media advocacy campaign is needed to help achieve the SHN goal. This will be done in two ways, namely, helping the Ministry of Education (MOE) as the owners of SHN under BESSIP to share information with the public, counter those opposing its SHN vision and embrace the creative process of getting messages out.
- 2.2 MOE through this SHN-IEC Media Advocacy Campaign will establish its own symbols and labels to reframe public policy debate. The SHN-IEC campaign therefore, needs to treat the media as a force for change and public good.

3.0 OBJECTIVES

- 3.1 To sensitize the public on the SHN initiative through different mass communication tools, including the internet.
- 3.2 To use the media as a two-way channel of communication between MOE-SHN and communities.
- 3.3 To sensitise school-going children on issues of health and nutrition so that they in turn, will share the knowledge with families and communities.
- 3.3 To publicise SHN as the most cost-effective way of making available basic information on health and nutrition in the community.
- 3.4 To position SHN issues as public concerns meriting strong and appropriate national policies and community action.
- 3.5 To reinforce public awareness on the adverse effects of poor health and nutrition on school-going children and the community.
- 3.6 To involve the public as citizens supportive of children's good health to improve their performance at school.
- 3.7 To encourage teachers and parents carryout regular health checks on children and play a key role in the administration of basic drugs and food supplements for the young ones at school and at home.
- 3.8 To make available information on SHN in schools, school resource centers, libraries as a way of increasing knowledge on the subject in the learning process.
- 3.9 To position SHN as a multi-faceted initiative requiring the support of the general public on a long and sustainable basis.
- 3.10 To make SHN issues as primary ones on the day-to-day news agenda in the media and develop interest into the subject amongst specialist reporters and writers.

4.0 ACTIVITIES (Scope of Work)

- 4.1 Conduct of 26 English Radio Programmes on ZNBC Radio 2.
- 4.2 Conduct of 26 Local Language programmes on ZNBC Radio 1 for each of the 7 major languages (Bemba, Luvale, Kaonde, Nyanja, Tonga, Lozi, and Lunda).

- 4.3 Conduct of 10 Television Programmes.
- 4.4 Media liaison making SHN news in current affairs.
- 4.5 Use of Theatre groups to perform at Central Places and public gatherings.
- 4.6 Production of an Education Manual on SHN.
- 4.7 Production of a Monthly SHN News magazine.
- 4.8 Production of SHN posters, fliers, brochures and car stickers.
- 4.9 Production of Community Videos and Audio Documentaries as teaching aids.
- 4.10 To create and manage an SHN website.
- 4.11 Conduct consultative meetings on SHN with Focal Point persons.
- 4.12 Field visits to research, gather information for publications and assess impact of the IEC Media Campaign.

5.0 CONSTRAINTS

- 5.1 Limited funds
- 5.2 Limited transport and communication facilities.
- 5.3 Poor Radio and Television reception in most parts of the country.
- 5.4 Limited access to media by most local communities due to poverty which makes it difficult for families to afford radio and TV sets, newspapers and publications.
- 5.5 Illiteracy among some residents in communities.
- 5.6 Traditional values and myths which continue to contribute to poor health and sanitary practices among school children and children in communities.

6.0 MEASURES TO MITIGATE / OVERCOME CONSTRAINTS

- 6.1 Co-operation with SHN Focal Point Persons and sharing limited facilities.
- 6.2 Transmission of Radio and TV programmes during prime time.
- 6.3 Orienting Journalists to the SHN initiative and regular liaison with them.
- 6.4 Use of local languages in Radio and Television programmes, magazine, posters, fliers, brochures.

- 6.5 Use of local theatre groups.
- 6.6 Production of media alerts on time, raising issues affecting people in the project areas, use of prominent personalities when need arises, using Focal Point persons as authority on SHN in their areas.
- 6.7 Use of Schools as centers for community action and support, and sources of information on health and nutrition for communities.
- 6.8 Co-operation with other Government Ministries like Ministry of Health, Ministry of Information and Broadcasting, Ministry of Agriculture and the Education Broadcasting Services Department (MOE) in the production and transmission of programmes and materials.

7.0 **TIME FRAME**

6 months initially, September 2001 - February 2002 (to be on-going for the period of SHN initiative)

8.0 **EXPECTED OUTCOMES**

- 8.1 Public awareness, understanding and acceptance of SHN.
- 8.2 Extensive media coverage of SHN as a public interest issue.
- 8.3 Enhanced community debate on SHN issues.
- 8.4 Enhanced active community involvement in SHN at all stages of the programme.
- 8.5 Availability of SHN education materials for school children, researchers and the public.
- 8.6 Quick adoption and implementation of the SHN National Policy.
- 8.7 Increased school pupils enrolments and reduced failure rates, cases of absentees and drop-outs.
- 8.8 Increased knowledge and awareness on SHN issues in communities and an increase in behavior-change towards good health conduct among the public.
- 8.9 Cleaner school environments and proper care for water, health and sanitary facilities.
- 8.10 Schools becoming centers for provision of free, cheap and accessible health information and essential medical drugs.

- 8.11 A general understanding of the current Educational Reforms by the general public as having links to community support and involvement.
- 8.12 Informed communities taking own measures to prevent, reduce and eradicate common diseases among children.
- 8.13 To encourage school authorities take measures to sustain SHN.

9.0 WORKPLAN

Objective Strategy	Activity	Period	Inputs	Expected Results	Indicators
To raise public awareness on SHN through the Media	1. Conduct Radio/ TV programs. 2. Media liason. 3. Production and distribution of materials	Sept 2001 To Feb 2002	1. Media debate. 2. Costs to produce and transmit Radio/ TV Programmes. 3. Costs for Printing and distribution of materials. 4. Technical support.	1. Increased public awareness and interest in SHN initiative. 2. Extensive media coverage of SHN programme. 3. Media interest in SHN. 4. Adoption of SHN policy by Government	1. Production of Radio/ TV programmes. 2. SHN news and Media Reports. 3. Official Policy Statements. 4. Community debate. 5. Availability of approved SHN Policy document.
Build capacity of schools in effective planning and management of SHN education programmes	1. Provision of SHN school manual and other education literature. 2. Training of Teachers and Staff in production of SHN communication and teaching aids	Sept 2001 To Feb 2002	1. Supply of SHN educational materials. 2. Training costs. Technical support. 3. Field trips	1. Availability of SHN education materials in schools, libraries, community. 2. Improved health of school children. 3. Increased attendance rates by pupils. 4. Reduction in number of drop-outs and absenteeism	1. Availability of SHN education materials in schools, resource centers and the community. 2. Development of SHN programmes and materials in schools.
Improve quality of SHN education through provision of teaching aids and materials	1. Provision of SHN school manual and other education literature. 2. Training of Teachers and Staff in production of SHN communication and teaching aids.	Sept 2001 To Feb 2002	1. Supply of SHN educational materials. 2. Training costs. Technical support. 3. Field trips 4. Conduct of Radio and TV programmes.	1. Availability of SHN education materials in schools, libraries, community. 2. Improved health of school children. 3. Increased attendance rates by pupils. 4. Reduction in	1. Availability of SHN education materials in schools, resource centers and the community. 2. Development of SHN programmes and materials in schools.

Objective Strategy	Activity	Period	Inputs	Expected Results	Indicators
	3.Production of Media programmes and communication materials			number of drop-outs and absenteeism	
Reinforce knowledge of SHN teachers to improve their service and manage stress (including that relating to HIV-AIDS) within and outside the school	1. Training teachers in use of low-cost learning materials, pedagogical skills, gender issues, stress management using effective communication aids. 2. Follow-up training meetings.	Sept 2001 To Feb 2002	1. Training costs. 2. Field trips. 3.Technical support	1. Teachers more interested in SHN education. 2. Effective management by teachers to cope with stress and HIV-AIDS within and outside the school.	1. Availability of local communication and teaching aids. 2. Strong SHN programmes in schools
Reinforce SHN knowledge and practices among pupils as agents of behavior change at school and in the community	1. Provision of SHH manual in schools and resource centers. 2. Provision of communication materials in schools and resource centers. 3. School visits.	Sept 2001 To Feb 2002	1. Field trips. 2. Distribution costs. 3.Research	1. Community support for SHN and health for all children. 2. More children enroll in school until end of primary cycle. 3. Parents more positive towards SHN education for both boys and girls. 4. More meaningful learning experiences for all school going children.	1. Availability of SHN teaching and communication aids in communities. 2.Community debate on SHN
Technical support: IEC Expert to initiate, implement, monitor and evaluate progress	Technical support by IEC Expert.	Sept 2001 To Feb 2002	1. Technical costs. 2. Field trips. 3. Meetings.	1. Development of Media Campaign Plan. 2. Effective implementation and management of media Advocacy programme. 3. Good SHN public relations. 4. SHN website done/hosted.	1. Media Campaign Plan available. 2. Media programmes produced. 3. Education and communication aids and materials available. 4. SHN website available and hosted for public access.

(APPENDIX I (a))

Developing Intensity through effective Media coverage of the SHN initiative

KEY STEPS AND ACTIONS

Step One

IDEA CONCEPTION AND FORMULATION

Activities attract attention of local communities, the media, Non-Governmental Organizations, co-operating partners, academia – these should be the ones sharing a common concern to exchange views, identify goals, plan activities, learn and grow together by force of the SHN initiative and interest it has generated.

Step Two

THE IDEA IS PUT ON THE AGENDA

Stakeholders emerge to speak out on the SHN and stimulate debate and analysis. Debate helps SHN implementers to consult, listen and educate on possible solutions (through meetings, workshops, seminars, professional journals and magazines, popular articles, speeches to a wide variety of audiences. Popular theatre is also useful here as a non- traditional mode of communication.

Step Three

SHN AS AN ISSUE IS RIPE FOR POPULAR ACTION

Public debate intensifies, policy makers are influenced, SHN becomes a local issue, a wake- up call is sounded calling everyone to support the initiative in the long term process of public advocacy. Gains and defeats are acknowledged and implementers build on these to achieve the ultimate goals of SHN.

(APPENDIX I (b))

Graphical representation: Intensity Build-up for the Media Advocacy Campaign

